

Certified as a regulation (or
as Regulations) of the

Dept. of Social Welfare
(Name of State Agency)

Charles J. Cleveland
(Signature)

Director
(Title)

10-31-52
(Date)

AREA OFFICES
LOS ANGELES OFFICE
MICHIGAN 8411
MIRROR BUILDING
145 SOUTH SPRING STREET
12
SACRAMENTO OFFICE
GILBERT 2-4711
924 NINTH STREET
14
SAN FRANCISCO OFFICE
EXBROOK 2-8751
GRAYSTONE BUILDING
948 MARKET STREET
2

Earl Warren
Governor

STATE HEADQUARTERS

SACRAMENTO
GILBERT 2-4711
616 K STREET
14

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND
DIRECTOR

October 31, 1952

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

ADDRESS REPLY TO:

616 K Street
Sacramento 14

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare with Aid to the Blind Manual Letter No. 16.

These regulations were adopted by the State Social Welfare Board on October 24, 1952, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 103, 103.6, and 114(b), and are being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

Charles I. Schottland
Charles I. Schottland
Director

Attachments

FILED

In the office of the Secretary of State
of the State of California

OCT 31 1952 420 PM

FRANK M. JORDAN, Secretary of State

By *Chm*
Assistant Secretary of State

AID TO THE BLIND MANUAL LETTER NO. 16

The attached revisions numbered 148 through 163 are to be entered in your copy of the Manual of Policies and Procedures - Aid to the Blind and the revision numbers canceled on the inside of the manual cover.

These revisions were adopted by the State Social Welfare Board on October 24, 1952, to be effective December 1, 1952.

Sec. B-035 has been revised to require that the Bureau for the Blind shall consist of employees whose activities are confined to the administration of Aid to the Blind.

New Sec. B-213 provides that the county shall assist an individual who appears eligible for both ANC and APSB in determining the program which would be more appropriate to his needs.

Sec. B-218 has been revised to specify documents in the case record which may, or may not, be destroyed under the provisions of W&IC 3091.5, and to provide that destruction shall be done in such manner as to protect the confidentiality of the record.

Sec. B-255 has been revised to permit an eye examination by the same examiner who had previously examined a recipient after the SDSW has had an eye examination report by at least two other examiners.

Sec. B-283, List of Authorized Optometrists for Eye Examinations, has been brought up-to-date.

Sec. B-615, as revised, provides ceiling allowances for re-lining of dentures and rebasing of dentures.

Sec. B-612 has been revised to provide that (1) special need allowance for monthly payments on unsecured debts which has been properly reported shall be limited to one year from the date the debt was incurred, (2) special need allowance for the total unsecured debt for any one illness occurring in a single year shall not exceed \$300, and (3) special need may be allowed for long distance transportation to a club or center for social, recreational, or rehabilitative purposes.

Department Bulletins No. 465, 473, and 473 Supplement are obsolete.

FILED

In the office of the Secretary of State
of the State of California

OCT 31 1952 430 PM

FRANK M. JORDAN, Secretary of State

By

Edmund G. ...
Assistant Secretary of State

B-035 (Continued)

B-035

or the presence of recipients of other categories of aid in the same household, make such exceptions desirable in the interests of efficient and economical administration. If applications for Aid to the Blind are processed by a special intake unit, granted applications shall be transferred to the Bureau for the Blind and recipients of ANB and APSB shall be visited by a worker in the bureau within three months from the date aid begins.

Every effort should be made to employ properly trained and qualified blind persons to administer the Aid to the Blind laws.

(W&IC 3079.5)

**B-040 ORGANIZATION OF THE MANUAL OF POLICIES AND PROCEDURES
AID TO THE BLIND**

B-040

The Manual of Policies and Procedures--Aid to the Blind--is one volume of the total Manual of Policies and Procedures which will cover, in separate volumes, all programs of the SDSW.

This manual is divided into chapters as follows:

Introduction

Chapter I	General Provisions
Chapter II	Application Process
Chapter III	Determination of Eligibility
Chapter IV	Blindness
Chapter V	Age
Chapter VI	Residence
Chapter VII	Property
Chapter VIII	Institutions
Chapter IX	Income
Chapter X	Relatives
Chapter XI	Aid Payments
Chapter XII	Inter-county Transfer Procedures
Chapter XIII	Appeals
Chapter XIV	Financial Participation
Chapter XV	Prevention of Blindness
Chapter XVI	Services for the Blind

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B-030

B-030 (Continued)

FRANK M. JORDAN, Secretary of State

G. Subpoena or Court Order for Release of Information

By

Assistant Secretary of State

The county welfare department may receive a subpoena or other order from a court requiring that records be produced. Unless it is readily apparent that the court order was issued for a purpose directly connected with the administration of the program, counties other than Los Angeles, Sacramento, or San Francisco shall immediately upon receipt of such order, notify the district attorney or county counsel, with the request that this officer take appropriate action to safeguard the confidential nature of the record. Los Angeles, Sacramento, and San Francisco counties shall either telephone the local office of the SDSW which will arrange that the attorney general's office take action, or notify their district attorney or county counsel. (W&IC 115, 118)

H. Inspection of Records by Applicant or Recipient

All papers and records pertaining to his case on file in the SDSW or in the county office shall be open to inspection at any time during business hours by the applicant, recipient, or his attorney or agent. (W&IC 118, 3075, 3079, 3460)

B-035 SEPARATE CASELOADS FOR AID TO THE BLIND**B-035**

Any county which has a caseload of 250 or more recipients of ANB and APSB shall establish a special bureau to be devoted exclusively to the administration of Aid to the Blind, which shall be called the Bureau for the Blind.

The Bureau for the Blind shall consist of those employees whose activities are confined to the administration of Aid to the Blind.

The creation of separate caseloads for the blind recognizes the principle expressed in the Welfare and Institutions Code "that the needs of blind persons may be different from the needs of aged persons." (W&IC 3002) It is also a recognition of the basic objectives of the laws granting Aid to the Blind. These objectives require counseling and guidance toward a goal of self-support, encouragement in plans for rehabilitation, and assistance in making physical, social, and economic adjustments to blindness. They require an understanding of the total personality of the individual.

These objectives can more readily be achieved by means of separate and smaller caseloads. Smaller caseloads will facilitate individual concentration with a view of assisting the recipient to make maximum use of his potentialities in order to decrease or eliminate his dependency. Many factors, varying from county to county, influence the size of a caseload which would be feasible for effective administration. Caseloads shall be sufficiently small to permit full attainment of the purposes of the law granting Aid to the Blind.

The workers in the bureau shall confine their activities to Aid to the Blind except that such workers may also serve other members of the blind person's household who are applicants for or recipients of another category of aid. Similarly, while the workers in the Bureau for the Blind will usually serve all recipients of ANB and APSB, exception may be made if isolated geographical location,

(Section Continued on Next Page)

B-210 AUTHORIZATION AND CONSENT FOR INVESTIGATION

B-210

If the applicant's sworn statement regarding financial resources cannot be accepted because of a discrepancy or conflicting information, and it is necessary to obtain verification, the applicant and spouse, if applicant is married and not living apart from such spouse, shall sign an Authorization for Financial Investigation (Form AB 228) and other forms required in verifying necessary information. Special forms may be devised by the county to cover specific types of inquiries.

If a bank account, insurance policy, etc., is carried in a name not used in the application and/or other supporting papers, both names shall be used in consent forms. A clear statement of reason for variation in name, and, if necessary, an affidavit establishing identity, shall be secured.

Full identifying data should be given in order that the organization of which inquiry is made may be able to locate records pertaining to the applicant without necessity for further correspondence.

Some agencies which require written authorization for release of information are: (1) federal agencies, such as the U. S. Census Bureau, U. S. Post Office (concerning postal savings), Veterans' Facility, Adjutant-General's Office, RRB and the OASI Bureau; (2) insurance companies, and firms dealing with private financial matters, including stock brokers; (3) employers; (4) hospitals, physicians, clinics, and medical agencies. If a form is prescribed by an agency; e.g., OASI Bureau, all the data called for should be given.

(WIC 3075, 3081, 3460, 3470)

B-208 (Continued)

B-208

If the individual has previously received aid from another county in the state, evidence of eligibility may be secured from the county previously assisting. The new county shall be responsible for redetermining the eligibility of the individual for those factors which were subject to change.

Eligibility determination should be directed toward the accumulation of factual information. The worker who keeps in mind that the information is for the benefit of the applicant or recipient as well as the county will be less likely to mistake opinions or rumors for facts.

If there is conflict between the individual's sworn statement and other evidence, decision shall rest upon the established facts. A conflict in information from two apparently equally reliable sources usually means that not all facts have been discovered and further inquiry is indicated until reasonable doubt is resolved.

Evaluation of the source of information is essential. In making such an evaluation, the following questions may be considered: What is the source of the reference's information? Is it based on first-hand observation or hearsay? What is the bias or self-interest of the person? Would his motives affect his reliability as a reference?

(W&IC 3075, 3081, 3460, 3470)

B-214 VERIFICATION OF PLAN FOR SELF-SUPPORT
APSB ONLY

B-214

The purpose of the APSB law is to provide a plan whereby blind persons may be encouraged to take advantage of and to enlarge their economic opportunities to the end that they may render themselves independent of public assistance and become entirely self-supporting. It is recognized that resources and income beyond the necessities of bare subsistence are required to achieve this objective. The law encourages the blind in their efforts to become self-supporting by allowing the retention of necessary income (See Sec. B-542, *Exempt Income in APSB*) and resources (See Sec. B-442, *Personal Property Eligibility Requirements*) by those showing a reasonable probability of being able and willing to undertake the acquisition of resources and income necessary for self-support.

The following two criteria should be applied in determining eligibility of an applicant or recipient:

1. A reasonably adequate plan which may lead to self-support.
2. A sincere and sustained effort to further that plan.

The amount of money earned by an individual is only one factor in determining adequacy of the plan if the foregoing qualifications are met. The county shall discuss with him his plan for achieving self-support. The plan should be evaluated with his participation, giving consideration to his ability or aptitude for the chosen plan and its economic possibilities for future self-support. In making the final determination the county should give full weight to the individual's estimate of the possible success of the plan.

The county shall, with the consent of the individual, determine whether a sincere and sustained effort to further his plan has been demonstrated. The determination will vary with the types of plans. For example, if the individual is employed, the number of hours worked and the wage received shall be determined. If he is in business for himself or is practicing a profession, the county may make a periodic examination of the books and also determine the number of hours spent at the trade or profession. If he is in a trade school or university, the county may ascertain his course of study and the time spent in preparation. In some instances the record of his achievement is pertinent.

(Section Continued on Next Page)

B-212 SOCIAL SERVICE EXCHANGE

B-212

Clearance through a confidential index or social service exchange enables the county to determine the social agencies to which the applicant may have been known or is known. Case records of social agencies may contain facts or substantial information pertinent to the applicant's eligibility for aid. One agency's records may indicate other social agencies or organizations which have information concerning applicant.

(W&IC 3075, 3460)

B-213 DETERMINATION OF AID TO THE BLIND PROGRAM

B-213

If an individual appears to be eligible for both ANB and APSB the county shall assist him in determining the program which would be more appropriate to his needs. (See Sec. B-125, Right to Make Application.)

Among the factors to consider in determining the appropriate program are: age, employment history, training, education, health, plan for self-support, and efforts toward self-support. In addition to the foregoing factors, the interview with the applicant or recipient may indicate significant personal attitudes and abilities.

Decision on determination of program may be subject to change at any time and eligibility for the aid program is a continuing responsibility of the county. (See Sec. B-220, Change from One Form of Aid to Another.)

The county shall record in the case narrative the decision and the basis for the decision on the Aid to the Blind program for which aid is recommended.

(W&IC 3082, 3082.1, 3083.3, 3083.5, 3471.5, 3473)

B-218 (Continued)

B-218

If case histories are to be destroyed, the method of destruction shall be such that the confidential nature of the records will be adequately protected. For example, if the records are to be turned in as paper salvage, they must be previously rendered illegible.

(W&IC 3075, 3460)

B-220 CHANGE FROM ONE FORM OF AID TO ANOTHER

B-220

An applicant for or recipient of OAS or ANC may apply for ANB or APSB or vice versa, and if eligible, aid shall be granted. Aid shall not be received under the ANB or APSB law while aid under the OAS or ANC law is being received and vice versa; i.e., aid shall be discontinued in OAS or ANC as of the day preceding the date on which ANB or APSB begins, or vice versa.

A person who is receiving APSB may change to ANB at any time. A person receiving ANB may change to APSB at any time.

If aid is changed from one category to another, every possible effort should be made to the end that, whenever possible, no interruption in the receipt of aid occurs; neither shall there be overlapping of the date of discontinuing one aid and the date of beginning the other aid.

A recipient of APSB shall be transferred to ANB if the county is not satisfied that he has an adequate plan for self-support or is not making a sufficiently sincere and sustained effort toward self-support. Similarly, an ANB recipient shall be transferred to APSB if he meets the eligibility requirements therefor, and provided he requests the transfer either orally or in writing. The request for transfer shall be recorded in the county file. It is not necessary for the county to complete a new application or Certificate of Eligibility when a transfer from one chapter of Aid to the Blind to the other is effected. A Notice of Change is used for this purpose.

The recipient need only be required to furnish information concerning those items which will require additional verification to determine his eligibility for the aid requested.

If a determination is due at the time of the transfer from ANB to APSB, or vice versa, full information shall be secured and the Recipient's Affirmation of Eligibility (Form Bl 206) shall be completed by the recipient. (See Sec. B-624, Beginning Date of Aid)

(W&IC 3045, 3075, 3083.3, 3083.5, 3445, 3460, 3471.5, 3473)

B-222 WHEN AID SHALL BE DENIED

B-222

The application shall be denied if any of the following conditions exist:

1. Ineligibility on any requirement is established.
2. Diligent consideration of all reasonable sources of evidence of eligibility fails to establish eligibility.
3. The applicant's whereabouts are unknown and he cannot be located.
4. The applicant has established residence in another state before the determination of eligibility is completed.

(W&IC 3075, 3083, 3084, 3085, 3460, 3471, 3472)

B-218 (Continued)

B-218

C. Recorded Contents

All information pertinent to eligibility should be recorded. Irrelevant material should be excluded. The needs of the individual, and the services rendered to meet those needs by the county or another agency, should be noted in the case record. In the initial interview, information obtained regarding the individual's changed circumstances which prompted the application for aid, his attitudes, plans, etc., relating to rehabilitation, employment, and adjustment, is most helpful in later evaluation of his needs and determination as to how they can be met. This information should also be recorded, if applicable, at time of the redetermination.

The content of documents in the applicant's possession or in public records which were examined by the worker shall be recorded. Such recording shall fully identify the document and clearly state the facts therein which were extracted as evidence. It is unnecessary to have copies of such documents in the record.

D. Preservation of Contents

Forms Bl 200, Bl 201, Bl 206, and Bl 232, together with any documents supporting determination of eligibility, and accounting records constitute records to be preserved. One copy each of such forms, documents, and records shall be preserved for a period of at least five years from the date on which the recipient last received Aid to the Blind from the county.

E. Destruction of Case Records

"The board of supervisors in each county may, in its discretion, authorize the destruction or disposition of the case history, or any part thereof, of any recipient of aid to the needy blind who has not received such aid from such county for in excess of five years prior thereto..." (W&IC 3091.5)

"Case history" as referred to herein includes the narrative, application and affirmation forms, authorization documents, etc.

Ledgers, registers, and other summary financial records do not constitute part of the case history and may not be destroyed under the above statutory provisions.

In no event shall any case history be destroyed if:

1. There is known to be a pending federal and state exception on the case.
2. The former recipient is obligated to repay assistance in accordance with current repayment policies and the case record contains promissory notes, mortgages, and similar documents with respect to the recipient owing repayment.

Any important documents filed in the case record which may be of value to the recipient shall be removed from the case history before it is destroyed. Such documents should be returned to the former recipient, if his whereabouts is known.

(Section Continued on Next Page)

B-255 (Continued)

B-255

illness or other condition. Permission must be obtained from the SDSW before such delay is authorized.

If a physician or optometrist states that an individual has had both eyes removed (bilateral enucleation), the county shall so notify the SDSW, and no further examination is required.

If one or more of the following conditions exist, a re-examination of the eyes is required, even though the SDSW had previously notified the county that a re-examination was not necessary:

1. The recipient has had an eye operation. The eye examination following eye surgery shall be made within not less than 90 days or more than 120 days from the date of the surgery, unless permission for delay is obtained from the SDSW. (If surgery is performed under the Prevention of Blindness Program, the SDSW will assume responsibility for obtaining a post-operative report of eye examination and forwarding the findings to the county.)
2. There are facts to indicate that the recipient's vision has improved or is better than shown by the eye examination report.
3. There are facts to indicate the recipient is malingering so far as vision is concerned.
4. Aid has been discontinued for one year or more.

In any of these instances the county may write to the SDSW outlining the situation and requesting a decision regarding the necessity for a current eye examination. (WIC 3075, 3083, 3460, 3471)

B-258 PROCEDURE WHEN APPLICANT QUESTIONS DECISION ON DEGREE OF BLINDNESS

B-258

If an applicant expresses dissatisfaction with the report of eye examination, arrangements shall be made for another eye examination at county expense by another physician or optometrist on the authorized lists of examiners. If the report of the second examination indicates that the applicant comes within the definition of blindness, a third examination by an examiner designated by the SDSW shall be authorized at county expense. This examiner will be provided with copies of the two conflicting reports, with the exception of the names of the examiners. Eligibility as to degree of blindness shall be determined on the basis of the two reports which agree.

(Section Continued on Next Page)

B-252 SDSW REVIEW OF EXAMINATION REPORTS

B-252

All reports of eye examinations and of neuropsychiatric examinations shall be acted upon by the SDSW. (See Sec. B-264, Neuropsychiatric Examinations.) This provision for the review of reports is to assist the county in determination of eligibility on degree of blindness. The review avoids payment to persons whose eye and/or neuropsychiatric examinations indicate that their degree of visual impairment does not come within the definition of blindness.

A. SUBMISSION OF REPORTS TO SDSW

When the examining physician or optometrist returns the completed Report of Eye Examination, Form Bl 227 or Bl 227A, the county shall immediately submit it in duplicate to SDSW, Division for the Blind, 145 South Spring St., Los Angeles 12, for review by the State Ophthalmologist.

B. NOTIFICATION TO COUNTY OF RESULTS OF REVIEW

After the SDSW review, the county will be notified immediately on Form Bl 227 or Bl 227A, Report of Eye Examination, as to the eligibility status on degree of blindness and the need for future eye examinations. After action has been taken according to the findings indicated on the Form Bl 227 or Bl 227A, such form shall be filed in the case record.

(W&IC 3075, 3083, 3460, 3471)

B-255 REDETERMINATION OF DEGREE OF BLINDNESS

B-255

The required annual redetermination of a recipient's eligibility for continuance of aid includes a re-examination of the eyes, unless the SDSW had previously indicated that such re-examination is not necessary. (See Sec. B-252, SDSW Review of Examination Reports.) If only one eye examination has been made, the re-examination shall be made by a physician or optometrist on the authorized lists who had not previously examined the recipient, if there is more than one examiner on such list within a reasonable distance. The report of the re-examination shall be immediately submitted in duplicate to the SDSW for review and determination as to eligibility on the basis of degree of blindness, in accordance with Sec. B-252.

If a re-examination is indicated for a person who is bedfast, such re-examination is required even though it may be necessary to delay it because of

(Section Continued on Next Page)

B-283 (Continued)

B-283

HUMBOLDT

Bartlett, Thomas B.	529 F Street	Eureka
Madsen, William	616 H Street	Eureka

KINGS

Duffy, Gordon W.	431 North Irwin Street	Hanford
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IMPERIAL

Walker, N. O.	141 South 7th Street	El Centro
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KERN

Harps, Harry N.	415 Center Street	Taft
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LASSEN

Clarke, H. M.	809 Main Street	Susanville
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LOS ANGELES

Abel, Charles	950 West Jefferson Blvd.	Los Angeles 7
Alberts, William M.	10522 Venice Blvd.	Culver City
Baglien, James W.	2214 $\frac{1}{2}$ West Florence Ave.	Los Angeles 43
Bay, Joseph P.	1427 Marcelina Ave.	Torrance
Bergin, Dorothy	950 West Jefferson Blvd.	Los Angeles 7
Bossin, Arthur S.	9719 Van Nuys Blvd.	Van Nuys
Braff, Solon M.	690 S. Vermont Ave.	Los Angeles 5
	Valley Blvd.	El Monte
Buchanan, J. T.	4350 Avalon Blvd.	Los Angeles 11
Burgess, S. H.	11501 Atlantic Blvd.	Lynwood
Clark, Thomas J.	4130 Atlantic Ave., Bixby Knolls	Long Beach
Coops, Ralph	3780 Wilshire Blvd.	Los Angeles 5
Dolgovin, Ralph	4513 East Compton Blvd.	Compton
Elmstrom, George P.	325 Richmond Street	El Segundo
Emerson, Fred C.	240 West 2nd Street	Claremont
Freeberg, Dale D.	950 West Jefferson Blvd.	Los Angeles
Garrick, William J.	5330 Whittier Blvd.	Los Angeles 22
Greenstone, Avron S.	13111 Ventura Blvd.	Studio City
Gregg, James R.	6560 So. Normandie Ave.	Los Angeles 44
Hamroff, Gabriel	1022 North Vermont Ave.	Los Angeles 29
Hilligoss, J. M.	900 Pine Street	Long Beach 13
James, L. Earl	1224 Venice Blvd.	Mar Vista
Jaques, Bruce D.	523 West 6th Street	Los Angeles 14
Karlan, A. R.	3108 W. Imperial Highway	Inglewood
Kraus, David E.	610 South Broadway	Los Angeles 14
Lady, Delmer C.	225 Santa Monica Blvd.	Santa Monica
Leatart, LeRoy	142 East 3rd Street	Long Beach 12

(Section Continued on Next Page)

B-283 LIST OF AUTHORIZED OPTOMETRISTS FOR EYE EXAMINATIONS

B-283

AMADOR

Harris, Marion M.	Krabbanhoft Bldg. (Also in Calaveras and San Joaquin Counties)	Jackson
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ALAMEDA

Brown, Hugh V.	406 American Trust Bldg.	Berkeley 4
Emmes, Arthur B.	7845 Castro Valley Blvd.	Castro Valley
Nagy, Thomas R.	3143 Telegraph Avenue	Oakland 9
Osias, Leonard	16235 Hesperian Blvd.	San Lorenzo
Peters, Henry B.	2611 Telegraph Avenue	Oakland 12

BUTTE

Layton, Arthur	P. O. Box 342	Paradise
MacLeod, A. M.	Waterland-Breslauer Bldg.	Chico

CALAVERAS

Harris, Marion M.	Huberty Building (Also in Amador and San Joaquin Counties)	San Andreas
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CONTRA COSTA

Hurd, George R.	2363 Mt. Diablo Blvd.	Walnut Creek
Johnson, Frank V., Jr.	2363 Mt. Diablo Blvd.	Walnut Creek
Morgan, Meredith W.	223 Broadway	Richmond 2
Poulsen, Stanley A.	223 Broadway	Richmond 2

FRESNO

Burkart, Carl	211 North Van Ness	Fresno
Kallmann, Herbert	1044 Fulton Street	Fresno 1
Miyake, George	1160 Broadway (also in Madera County)	Fresno
Nishio, George	1160 Broadway (also in Tulare County)	Fresno
Rovner, Ralph L.	722 O Street	Sanger
Yabuno, Robert	1429 Kern Street	Fresno 6

GLENN

Janish, Daniel A.	125 W. Sycamore Street	Willows
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(Section Continued on Next Page)

B-283 (Continued)

B-283

PLUMAS

Elfant, Jack A.	156 Jackson Street	Quincy
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RIVERSIDE

Gorham, John R.	321 East Florida Ave.	Hemet
Mason, George E.	45521 Oasis Ave.	Indio
Port, Warren R.	133 West Hobsonway	Blythe
Ryan, Francis M.	530 E. Florida Ave.	Hemet
Washburn, Jack R.	53 N. San Geronio Ave.	Banning

SACRAMENTO

Barrett, Jack A.	723 Forum Bldg.	Sacramento
Farrington, Joseph E.	202 Medico-Dental Bldg.	Sacramento

SAN BERNARDINO

McDonald, Edwin E.	823 S. Chino Lake Blvd.	Ridgecrest
McGrane, Lawrence H.	111 West Williams Street	Barstow
Robson, J. Glenn	307 East B Street	Ontario

SAN DIEGO

Francisco, Clifford C.	1124 Bank of America Bldg.	San Diego 1
Holland, Allen C.	4441 University Ave.	San Diego 5
Jessop, David G.	3131 4th Ave.	San Diego 3
Kuntz, Seymour	1908 Cable Street	San Diego 7
Scribner, Gordon R.	3814 5th Ave.	San Diego 3
Tucker, James W.	611 2nd Street	Oceanside

SAN FRANCISCO

Hobrecht, Charles B.	209 Post Street	San Francisco 8
Hobrecht, Cyril J.	209 Post Street	San Francisco 8
Regan, John F.	209 Post Street	San Francisco 8
Stoltze, Albert C.	804 Clement Street	San Francisco 18

SAN JOAQUIN

Harris, Marion M.	2045 Pacific Avenue (also in Amador and Calaveras Counties)	Stockton
Jacobson, Melville S.	75 West 10th Street	Tracy
Player, Herbert S.	Bank of America Bldg.	Stockton

(Section Continued on Next Page)

B-283 (Continued)

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LOS ANGELES (Continued)

Lewis, Gordon E.
Meltzner, Martin L.
Mintz, Ronald S.
Penner, Milton
Pons, Charles A.
Robling, Victor L.
Severtson, Robert L.
Simon, David
Tidrick, Robert B.
Venable, Edwin W.
Wray, Arene T.
Zabner, Louis M.

234 East Colorado Street
2728 South Robertson Blvd.
3110 West Imperial Highway
1741 Pepper Street
610 South Broadway
14423 Gilmore Street
1042 East Main Street
11145 S. Western Ave.
1764 E. Washington Street
193 So. Hawthorne Blvd.
3261 W. 6th Street
219 W. 7th Street

Pasadena 1
Los Angeles 34
Inglewood
Burbank
Los Angeles 14
Van Nuys
Alhambra
Los Angeles 47
Pasadena 7
Hawthorne
Los Angeles 5
Los Angeles 14

MADERA

Jacobson, James J.
Miyake, George

404 East Yosemite Ave.
222 Robertson Blvd.
(also in Fresno County)

Madera
Chowchilla

MARIN

Kors, Kermit

801 D Street

San Rafael

MENDOCINO

Marsha, Trevis D.
Robertson, Alan B.

165 West Smith Street
340 Main Street

Ukiah
Fort Bragg

MONTEREY

Beagle, Tracey O.
Pearson, Charles

915 East Alisal Street

Salinas
Carmel

NAPA

Brooks, Charles F.

2025 Jefferson Street

Napa

ORANGE

Goodwin, Eric H.
Horton, Dick A.
McClelland, George L.

314 W. 17th Street
113 $\frac{1}{2}$ North Main Street
407 Chapman Building

Santa Ana
Santa Ana
Fullerton

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B-283 (Continued)

B-283

VENTURA

Braff, S. D.	528 South B Street	Oxnard
Martin, Joel P.	528 West 5th Street	Oxnard
Moses, Ralph	157 South A Street	Oxnard
Sledge, Lenard W.	1915 East Main Street	Ventura

YUBA

Polonsky, Harold G.	428 D Street	Marysville
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B-283 (Continued)

B-283

SANTA BARBARA

Hill, J. D.	1020 State Street	Santa Barbara
Hill, Stanley D.	1020 State Street	Santa Barbara
Phillips, Robert W.	1532 State Street	Santa Barbara

SANTA CRUZ

Anderson, Harold G.	241 East Lake Ave.	Watsonville
Bechtel, L. C.	241 East Lake Ave.	Watsonville

SHASTA

Day, Ladd R.	2024 Market Street	Redding
--------------	--------------------	---------

SISKIYOU

Stewart, R. M.	418 W. Miner Street	Yreka
----------------	---------------------	-------

SOLANO

Giant, Edward M.	327 Georgia Street	Vallejo
Leonard, Arthur L., Jr.	406 Main Street	Vacaville
Marcuse, Seymore C., Jr.	355 Georgia Street	Vallejo

SONOMA

Campbell, W. P.	2421 Midway Drive	Santa Rosa
Musser, Wayne E.	161 Kentucky Street	Petaluma

STANISLAUS

Kirschen, M.	1117 Eye Street	Modesto
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TULARE

Dickson, James F., Jr.	133 South Mirage	Lindsay
Nishio, George	181 So. L Street (also in Fresno County)	Dinuba
Schill, Joseph C.	144 North M Street	Tulare

(Section Continued on Next Page)

B-612 (Continued)

B-612

- (a) The individual has been evicted
- (b) Moving is necessary to obtain housing within the ceiling, as specified in Item 2, this section, or to effect an economy in rent
- (c) Moving is necessary to obtain housing which meets the need of the individual
- (d) Moving is necessary to obtain medical care or for reasons of health.

The amount allowed shall be based on the customary rate for such service in the community. The basis for the determination that an allowance for moving is necessary shall be recorded in the case record.

- 13. Storage of Household and Personal Goods---The cost of storage of household and personal goods represents a special need only if no other plan for such storage can be made and is temporarily necessary due to health or other reasons. The amount allowed shall be based on the customary rate for such service in the community. The reason for an allowance for storage shall be recorded in the case record.
- 14. Special Needs of Blind Persons---The following items represent special needs which may be necessary to effect physical, social, or economic adjustment of some blind persons. If it is established that there is need for one or more of these items, the actual cost thereof represents a special need:
 - (a) Personal services, such as a personal guide, reader, etc.
 - (b) Guide dog, and/or maintenance therefor. Experience with this type of need indicates that an allowance of \$29 a month for the maintenance of a guide dog (cost of food, veterinarian fees, etc.) is reasonable and this sum may be used in lieu of individual determination in each instance.
 - (c) Radio phonograph and/or radio phonograph repairs.
 - (d) Talking Book and/or Talking Book repairs.
 - (e) Typewriter and/or Braille writer.
 - (f) Artificial eyes.

(Section Continued on Next Page)

B-612 (Continued)

B-612

recipient contracts for an item of household equipment without prior county concurrence with the plan, the unpaid balance of the cost, not to exceed the minimum price for which the item of equipment determined to be needed can be purchased, if it meets the above criteria, shall be included.

6. Transportation--If there is a transportation cost due to trips to the doctor, clinic, etc., or unusually long distance trips to the nearest shopping center, business center, club or center for social, recreational, or rehabilitative purposes, the additional transportation expense represents a special need, not to exceed \$10.50 a month. The basic allowance of \$4.50 plus \$10.50 results in a \$15 maximum for transportation.
7. Medical Care and/or Treatment Under Other Healing Arts-- (See Sec. B-615, Medical Care Allowances.)

Sanatorium or Rest Home Care-- (See Sec. B-615, Medical Care Allowances.)
8. Housekeeping Service--The cost of housekeeping service represents special need if the physical condition of the recipient is such that the service is required. This includes the cost of outside help to do occasional heavy cleaning, such as floors, woodwork, windows, etc., for persons who maintain their own household or live in a rented room where such service is not furnished without charge. The amount allowed shall be based on the customary rate for such service in the community.
9. Laundry--The actual cost of laundry service, not to exceed a maximum of \$5 a month, represents a special need if the recipient does not have facilities for doing the laundry himself or if his health or handicap prevents such activity.
10. Board and Room--If the recipient must pay board and room, and the charge for this item is in excess of \$65, the excess represents special need, provided board and room within the specified amounts is not available in the community.
11. Telephone--The cost of a telephone represents special need not to exceed \$4 a month.
12. Moving Costs--The cost of moving expenses represents special need only if no other moving arrangements or payment of cost is possible and if one of the following circumstances exists:

(Section Continued on Next Page)

B-612 (Continued)

B-612

The need for money to pay an unsecured debt incurred while a recipient of aid represents a special need only if the debt is for, or was incurred to pay for:

1. A current necessity such as a prosthetic appliance, necessary housing repairs, if the cost is \$10 or more, necessary household equipment as defined in this section and in Sec. B-615

or

2. Medical care.

To be considered, such unsecured debts must be reported as required in Sec. B-630.

Special need allowance for monthly payments on such unsecured debts shall be limited to a one year period from the date the debt was incurred whether or not full allowance for the payment of the indebtedness will be made within the one year limit. Monthly payments on debts for medical care, including any items of current necessity which fall within the definition of medical care (see Sec. B-615), shall be allowed to meet the actual amount of the debt but in no event shall the allowance exceed the ceilings set forth in the sections covering such items as hearing aids, glasses, dentures, dental care, etc. For other types of medical care, allowance on the total unsecured debt for any one illness occurring within a single year shall not exceed \$300. No allowance shall be made for required payments on an unsecured debt incurred prior to date of application.

(W&IC 3075, 3084)

B-612 (Continued)

(Continued) B-612

- (g) Special appliances for the blind (including purchases and/or repair) such as white canes, watches, Braille slates.
 - (h) Clerical assistance to supply essential reading and writing service.
15. Debts---Required payments on an existing encumbrance against the home of an applicant represent a need to be considered in determining the cost of housing, irrespective of the purpose for which the debt was incurred. Required payments on indebtedness secured by an applicant's furniture or some other item of personal property represent a special need if the item of personal property is a current necessity, irrespective of the purpose for which the debt was incurred.

If a secured debt is incurred or increased while a recipient of aid, the reason for such new indebtedness shall be determined. If the secured indebtedness was incurred or increased for purpose of purchasing some item which could not be recognized as a need, the increase in the required encumbrance payment (or the required payment on a new encumbrance) shall not be recognized as a need when determining total need. Likewise such increase in the required encumbrance payment shall not be considered when determining net occupancy value.

Example 1: A recipient entered into a new contract for paying off the remaining \$800 due on the encumbrance on his home. Under the new arrangements the monthly payments would be reduced but would extend over a longer period. At the same time the encumbrance was increased by \$400 which sum was borrowed to finance a trip. The required monthly payment on the \$1,200 total indebtedness is \$18 a month (principal and interest). Of the total indebtedness, $2/3$ ($800/1,200$) represents the amount due on the original loan. The amount of encumbrance payment to be considered in determining housing need is $2/3$ of \$18 or \$12.

Example 2: A recipient secured a \$300 loan against his home to provide a required new roof. This represents the only encumbrance. He still owes \$280 on the encumbrance and the required monthly payments (interest and principal) are \$14 a month. The roof repair represented a need and the need for money to pay off the remaining encumbrance represents a special need which is allowed in determining the housing need of the recipient.

The required monthly payment on an encumbrance placed by a recipient against his home shall not be considered a current need if the grant plus the income has equalled total need which included allowance for the item for which the property was encumbered (or the encumbrance increased).

(Section Continued on Next Page)

B-615 (Continued)

B-615

B. Freedom of Choice and Purchase

The recipient is a free agent in the choice and purchase of medical care. After a person goes for treatment, what he actually needs and how much, is determined by the practitioner, medical or other, but he chooses what he will have or what he needs.

C. Medication

Prescription and proprietary drugs or other medications are considered special needs when (a) prescribed by a physician or practitioner of the healing arts, and (b) the cost is in addition to the charge for service.

Determination shall be made of the monthly cost of prescribed drugs or medications and allowances shall be made to cover only the period for which needed. There shall be at least an annual redetermination with the recipient of the continued need for the medication. Such redetermination with the recipient shall include consideration as to whether or not the continued use of the medication has been prescribed. If medications are necessary on a continuing basis, and are purchased periodically, the cost is prorated on a monthly basis and the grant need not be adjusted in the month in which it is purchased.

D. Nursing Home, Sanatorium, or Rest Home Care

The cost of nursing home, sanatorium, or rest home care represents special need if the recipient's condition requires this type of care, as determined or recommended by his physician or practitioner. The maximum allowances for nursing home care, as set forth below, take into consideration the fact that the amount charged will vary according to the kind and extent of services needed by the recipient and according to conditions in various areas.

In order to determine which maximum will apply in a given case, the agency shall secure information from the physician or practitioner as to the kind of care required by the recipient. The nature of the services provided in the nursing home in which the recipient receives care or plans to receive care, and the rate charged shall also be determined. If, in addition to services usually provided, the nursing home also furnishes prescribed medications (prescriptions and proprietary drugs prescribed by physician) for the individual patient, special medical supplies and appliances required by the patient, or physician's services, and the rate is correspondingly higher, allowance may be made for these special needs in addition to the established maximum. Such allowance shall be based on the charge usually made for these services when provided through the nursing home. If the cost of prescribed medication, special medical supplies, appliances, or physician's services is not included in the nursing home rate, an additional allowance may be made based on the cost of the required item as reported by the recipient or other individual meeting the cost of the service.

If the physician or practitioner determines a recipient's condition requires placement in a private room, an additional amount, not to exceed \$50, may be allowed to meet the cost for the period this type of accommodation is necessary. If a recipient does not require a private room, but this is the only type of accommodation available, a three-months' adjustment period is permitted to enable the recipient to secure care in a ward or semi-private accommodation within the maximum cost allowed for the type of care he requires.

(Section Continued on Next Page)

B-615 MEDICAL CARE ALLOWANCES
ANB ONLY

B-615

A. Definitions

Medical care as used in this section is defined as including services from physicians, dentists, and nurses, treatment given by a practitioner as defined below; clinic, convalescent and hospital care; drugs and medical supplies; surgical and prosthetic appliances; and other special services, diagnostic X-ray and X-ray therapy, as may be required for diagnosis, care and treatment.

If a recipient is under care or treatment by a physician or surgeon, or by the practitioner of any type of therapy, treatment by prayer or other spiritual means or other treatment recognized as a branch of the healing arts, the cost of such care or treatment represents a "special need" in the amount actually required to purchase such service.

(Section Continued on Next Page)

B-615 (Continued)

B-615

F. Prepaid Medical and Hospital Care

If a recipient is enrolled in a prepaid medical care plan (e.g., California Physician's Service, Ross-Loos Medical Group, Permanente Health Plan) or in a prepaid hospital service plan (e.g., Blue Cross, Intercoast Hospitalization Insurance) or carries a disability insurance policy, the cost of the fee may be allowed up to a maximum of \$6 monthly. The three-month rule does not apply to care in a private hospital received under an insurance or other prepaid plan.

G. Nursing Service in Recipient's Own Home

If the provision of nursing service (either by a registered or a practical nurse) permits the recipient to continue living in his own home rather than requiring him to enter a nursing home, an allowance, not to exceed \$165 monthly may be made for nursing service. An additional allowance, not to exceed \$30 monthly, may be made to cover cost of food for the nurse. If the nursing service is provided through a Visiting Nurse Association or similar organization (excluding public health nursing service of public health departments), the usual charge per visit shall be allowed instead. If only short-term nursing service is required (i.e., less than 15 days) cost of such service may be allowed in accordance with the usual community rate for such service.

H. Dental Care

The actual cost of dental care represents a special need not to exceed the maximum allowances set forth below.

Dentures, full upper or lower.	\$80.00	
Dentures, partial upper or lower	68.00	
Duplication, upper or lower, full or partial dentures.	30.00	
Repairs, broken dentures (no tooth involved)	7.50	
Replacing broken teeth in dentures	5.00	(each tooth)
Relining of denture.	20.00	(each plate)
Rebasing of denture.	30.00	(each plate)
Extractions, single tooth.	4.00	
Extractions, full mouth.	25.00	
Bridge work.	20.00	
Prophylaxis treatment.	6.00	(per treatment)
Pyorrhea treatment	6.00	(per treatment)
Amalgam or cement fillings	6.00	(per tooth)
X-Ray examinations		
Single first film.	2.00	
Additional film.	1.00	
Full mouth	10.00	

The above maximum allowances cover those dental care services recognized as special needs. A special allowance cannot be made for dental care services not included in the above list of services.

(Section Continued on Next Page)

B-615 (Continued)

B-615

Maximum allowances

Group I--The maximum allowance for nursing home care for recipients requiring only a minimum amount of care and service, i.e., board, room, laundry, including personal laundry, and some personal service or supervision, shall not exceed \$125. An additional allowance of \$20 shall be made to meet cost of clothing and incidental needs.

Group II--The maximum allowance for nursing home care for recipients requiring nursing service (rendered by registered or practical nurses), shall not exceed \$165. An additional allowance of \$20 shall be made to meet cost of clothing and incidental needs.

Group III--The maximum allowance for nursing home care for recipients who are bedfast and require extensive nursing care shall not exceed \$210. An additional allowance of \$20 shall be made to meet cost of clothing and incidental needs.

If the cost of care exceeds the maxima defined under Groups I, II or III, for the type of care required, a three-month adjustment period shall be permitted to enable the recipient to make plans to secure care at a cost within the allowable maximum. If the recipient remains under care beyond the three-month adjustment period at a rate exceeding the maximum for the type of care he requires, and the excess cost is met by income to the recipient, including contributions from relatives and direct payment by relatives or others, the amount of the grant shall be determined by applying all income to the maximum allowable cost of established special need.

Example: Mr. A. requires only the type of care provided under the Group II maximum allowance of \$165 (plus \$20 for clothing and incidental needs) or a total of \$185, but is currently receiving nursing home care at a cost of \$200. Mr. A. has no additional special needs. Relatives contribute \$125 toward cost of care. There is no other income. When this amount is applied to the established total need (\$185) the grant is \$60.

If it is found that nursing home care cannot be secured within the maximum allowed under Groups I, II and III, the situation shall be submitted to the State Department of Social Welfare for review.

E. Private Hospital Care

While care in a private hospital is included in allowable medical care, it is limited, in general, to a three-month period. If a recipient enters a private hospital for medical or surgical care and the cost is met by income to the recipient, including contributions from relatives or county supplemental assistance, aid shall be granted for three calendar months next following date of admission. If, at the end of this period, the recipient continues to require care in the private hospital, the situation shall be reported to the State Department of Social Welfare for further consideration. Note exception under F, below.

(Section Continued on Next Page)

Certified as a Regulation (or
as Regulations) of the

Dept of Social Welfare
(Name of State Agency)

Charles I. Schenckland

(Signature)

Director

(Title)

10/31/52

(Date)

AREA OFFICES

LOS ANGELES OFFICE
MICHIGAN 8411
MIRROR BUILDING
145 SOUTH SPRING STREET
12

SACRAMENTO OFFICE
GILBERT 2-4711
924 NINTH STREET
14

SAN FRANCISCO OFFICE
EXBROOK 2-8751
GRAYSTONE BUILDING
948 MARKET STREET
2

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND
DIRECTOR

October 31, 1952

STATE HEADQUARTERS

SACRAMENTO
GILBERT 2-4711
616 K STREET
14

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

ADDRESS REPLY TO:

616 K Street
Sacramento 14

Dear Mr. Jordan:

Attached are three copies of regulations which will be issued by the State Department of Social Welfare.

DEPARTMENT BULLETIN NO. 480 (OAS)
DEPARTMENT BULLETIN NO. 481 (ANB,APSB)

These regulations were adopted by the State Social Welfare Board on October 24, 1952, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 103, 103.5, 103.6, and 114(b) and are being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

Charles I. Schottland
Charles I. Schottland
Director

Attachments

FILED

In the office of the Secretary of State
of the State of California

OCT 31 1952 420 PM

FRANK M. JORDAN, Secretary of State

By *John J. Wright*
Assistant Secretary of State

From the above, it follows that aid authorizations must be divided into two classes:

1. Those which affect the master deck, i.e., the main payroll which is to be written for the ensuing and subsequent months.
2. Those which do not affect the master deck, i.e., payment for the month in which aid is authorized, and/or prior months; also payment for the coming month if the aid was authorized after the county's cut-off date for additions or changes in the main payroll for the coming month.

Provision is made for this division on Form Ag 278.

B. Authorization to Pay, Deny, Suspend, or Discontinue Old Age Security, Form Ag 278.

Aid payments under the Old Age Security program shall be authorized, modified, suspended, or discontinued by the use of one Form Ag 278, Authorization to Pay, Deny, Suspend, or Discontinue Old Age Security. Form Ag 278 shall also be used to authorize denial of an application.

I. Purpose of Form Ag 278

a. Authorization of Payment to the Individual in a Specified Amount

Form Ag 278 shall be used for the following purposes relating to the payment to the individual:

- (1) To certify to the fact of eligibility and
 - (a) to authorize aid in any amount for the present month (the month in which the action to grant the aid is taken by the board of supervisors, or by the delegated agent if the board has delegated this authority as provided in the Manual of Fiscal Policies and Procedures, Sec. F-300) or past months.
 - (b) to add a case to the continuing payroll beginning with a future month.
 - (c) to authorize a change in the aid payment for future months.
- (2) To certify to the fact of ineligibility and
 - (a) to authorize denial of an application, or
 - (b) to authorize discontinuance of aid and to provide information pertinent thereto.
- (3) To authorize suspension of aid while questionable eligibility is investigated. (See Old Age Security Manual Sec. A-1324)

b. State and Federal Participation in Payments to Individuals

Form Ag 278 shall be used:

- (1) To report participation status in the payments authorized to be made to individuals for specified months.

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET

SACRAMENTO 14

November 7, 1952

FILED

In the office of the Secretary of State
of the State of California

DEPARTMENT BULLETIN NO. 480 (OAS) (~~Proposed~~)

TO:

OCT 31

420 PM

FRANK M. JORDAN, Secretary of State
By *[Signature]*
Assistant Secretary of State

Subject: Procedures for use of Form Ag 228
Authorization to Pay, Deny,
Suspend, or Discontinue Old Age
Security.

A. Introduction

Disbursement of aid authorized to be paid is essentially a machine operation. The payment data for each case to be added to the payroll, and for each case on which the amount of the payment is to be changed, is usually recorded on an addressograph plate or punched on a Hollerith card. (As hereinafter used "plate" connotes either method of recording payment data.) The plates are placed in a file designated as the "Master Deck." This file constitutes the main payroll. As new or reapplications are granted, or aid is restored, new plates are added to the master deck. As cases are discontinued, plates are taken from it. When an authorization changing the amount of the grant (or changing participation data) from that already set up in the master deck reaches the disbursing unit, the old plate is pulled. It is replaced by a new plate on which is recorded the data shown on the authorization just received.

When a plate has been placed in the master deck, the recipient continues to receive payment in the amount recorded thereon until the plate is replaced because the amount of the payment is changed by the submission of another authorization, or the plate is removed because another authorization orders discontinuance of aid.

The disbursing unit, sometime prior to the first day of any month, writes warrants for the main payroll for the coming month, i.e., for each plate in the master deck. If the disbursing unit is other than the county auditor, the disbursing unit shall forward a copy of the payroll to the county auditor's office.

The aid payment for the month in which an application is granted, or restored, and the aid payments for prior months, in no way affect the master deck. No plates are prepared for these payments. The warrants for such months are specially written and mailed to the payees as soon as the warrants are written. A special or supplemental payroll for those payments is prepared. Unless the county auditor disburses the payments a copy of these special or supplemental payrolls shall be forwarded to the county auditor.

b. Use of Form Ag 278 : Specific Operations

The various operations with Form Ag 278 are now described as they affect Columns 1 through 6. These instructions are written to apply to payments which are authorized on or before the county's cut-off date for additions or changes in the main payroll for the coming month. If payment for the coming month is authorized after the county's cut-off date, enter payment data for the first month following that in which the aid is authorized in Column 3, data for the month in which aid is authorized in Column 2, then use Column 1 for the preceding month. Under these circumstances, enter payment data for the second month subsequent to that in which the aid is authorized to the right of Column 4, i.e., Columns 5 and/or 6.

(1) New (or reapplication), and Restorations

Detail for the payment to be made beginning with a month following that month in which the aid is authorized shall be entered in Column 6. Depending upon the cut-off date established by the county, Column 6 will be used for the month immediately following that in which the payment is authorized, or Column 6 will be used to record payment data for the second month thereafter. Payments for months previous to that recorded in Column 6 shall be set up in Columns 1 through 3 in reverse chronological order.

Exception: Payment data for a partial month is never recorded in Column 6. If the payment for the first month following that in which the aid is authorized will be for a partial month, record data for the first full month's payment in Column 6. Record the data for the partial month in Column 3 unless the county uses Column 5 of the form, in which case that column may be used to record the data for the partial month's payment. (Example: Aid is granted October 21 effective from Nov. 5, the date the applicant reaches the 65th birthday.

The amount of aid to be paid for the coming month may have to be changed to a different amount beginning with the month which follows the coming month. If the county uses Column 5, record the payment data for the coming month in that column. (This means that no master deck plate will be made for this one month's payment. Instead the check for this one month will be specially written, and appear on a supplemental payroll.) In Column 6 record payment data for the second month following that month in which authorization action is taken. If the county does not use Column 5, enter in Column 6 the payment data which will remain in effect for one month only. Prepare a second Form Ag 278 showing in Column 6 the necessary grant change to be effective with the month thereafter. In Column 4 of this second form enter payment data from Column 6 of the first form.

There is never an entry in Column 4 for a new or reapplication, or for a restoration because there is no plate for such cases in the master deck.

Enter payment data relating to the month in which aid is authorized in Column 3.

If aid is granted for the month prior to that in which the aid is authorized, use Column 2, then Column 1. If additional columns are necessary, use another form. See Appendix I, page 1, under Column 1, 2, and 3 - Supplemental Payroll.

(2) To report a change in participation status effective with a coming month, such as

(a) change from federal to non-federal for a payee who removes from his own home to a boarding home licensed by the Department of Mental Hygiene; or from non-federal to federal in the case of a payee who removes from such a home to his own home. (See OAS Manual Sec. A-1352)

(b) change from non-county to regular or vice versa.

(3) To report the completion of the investigation of a "conditional" restoration following discontinuance of Old Age Security because of employment.

Form Ag 278 (a) Authorization For Retroactive Change in Participation Status, is used to report any necessary correction in the participation status of payments already made. (See page 12, Item (b))

c. Change in Name

Form Ag 278 shall be used to report a change in name of the payee because of marriage, guardianship, etc., or to correct an error in the name as it appeared on the last Authorization. (Form Ag 278 is not used to report a change in address.)

II. How Form Ag 278 is to be Prepared

a. General Instructions

The form may be prepared in pencil copy by the social worker and typed later in the number of copies required by the particular county for payment and claim reconciliation purposes. Instructions for completion of the numbered items on the form appear in Appendix I.

Note that completion of Items 14, 14a and 14b is optional with the county. The information called for in these items relating to the amount of federal excess is essential for claiming purposes. The county may require this information to be entered by the social worker, by accounting or audit staff, or they may elect to make no entry on the form for these items. In the latter case the county shall make provisions elsewhere for accurate determination and recording of the necessary information.

The social worker shall designate the appropriate participation code in Item 15 for each column in which payment data is entered. A copy of the completed Form Ag 278 showing completed payment data, signature, and authorization shall be filed in the individual case record.

There are 7 columns on Form Ag 278. The 7th column is reserved for use by the accounting unit. Remaining columns are used to authorize payments for specific months. By use of appropriate columns, the disbursing unit is told when the authorized payment calls for a change in the master deck, and when it does not. Use of Column 5 is optional with the county. See Appendix I page 1 and 2 for detailed instructions for use of each column.

Example 4: It is known on October 10 that the grant is to be increased from \$55 to \$80 effective November 1 because the recipient received his last disability insurance payment in October. The increase is authorized on October 12.

Exhibit 4: In Column 6 enter the data relating to the November payment. Make no entry in Column 5. In Column 4 is shown the payment data which appeared in Column 6 of the last Form Ag 278 submitted.

Example 5: It is known on October 10 that the grant is to be increased from \$40 to \$55 for the month of November only, and that the continuing payment must be decreased to \$40, effective December 1. The increase effective November 1 and the decrease effective December 1 are authorized in October, prior to the cut-off date for changes in the November payroll.

The county does not use Column 5.

Exhibit 5(a): In Column 6 enter the data relating to the November payment. In Column 4 is shown payment data from Column 6 of the last Form Ag 278 submitted.

Exhibit 5(b): Prepare another Form Ag 278 for the payment to be made for December and subsequent months. The payment data for December is entered in Column 6. In Column 4 is entered the payment data from Column 6 of the form on which the November payment was authorized i.e., the last authorization submitted.

Exhibit 5(c): The county uses Column 5.

In Column 6 enter the data relating to the December payment. In Column 5 enter the payment data for November. In Column 4 is shown the payment data which appeared in Column 6 of the last Form Ag 278 submitted.

If the increased payment is to be effective for the month in which the increase is authorized and for future months, complete Columns 6 and 4 as outlined above. (No entry is made in Column 5 unless the payment being authorized for the coming calendar month is to be changed effective with the month thereafter and the county has elected to use Column 5.) Enter data relating to the payment for the month in which the increase is authorized in Column 3. The amount shown in this column for Item 13 is the additional amount the disbursing unit will pay for that month. If the increased payment is for months prior to the month in which the payment is authorized, use Column 2, then Column 1.

Example 6: In February (before the cut-off date for March payroll changes) it is discovered that the recipient is receiving less aid than he should because his income ceased the previous November. The facts establish that he has been eligible for \$10 additional aid beginning with December, the month in which he reported that his income had stopped.

Example 1: A new application is signed on September 10. It is granted in October, effective from October 1. This action is taken prior to the county's cut-off date for the November payroll.

Exhibit 1: Column 6 is completed for the November payment. No entry is made in any other column except Column 3, which is completed for the October payment.

Example 2: An application, signed on July 8, is granted on December 26, after the county's cut-off date for the January payment. Aid is to be paid beginning with October, the first month following the end of the 60 day period from the date the application was signed.

Exhibit 2: Column 6 is completed for the payment effective 2/1/53; no entry is made in Columns 5 or 4; Column 3 is completed for the January payment; Column 2 is completed for the December payment, and Column 1 for the November payment. Use Column 3 of a second sheet of the form for October. Leave all other columns on the second sheet blank. Item 21 of the second sheet must be completed showing signature and date of authorization. It must be stapled to the first page of the form.

Example 3: On November 19, a former recipient whose aid was discontinued effective March 31 because of hospitalization reports that he was released from the county hospital on November 11. Restoration of aid effective November 11 is authorized on November 23, (after the cut-off date for the December main payroll.)

Exhibit 3: In Column 6 record the data relating to the aid to be paid for January. No entry is made in Columns 4 and 5. In Column 3 record the payment data for December. In Column 2 record the payment data for the partial month payment to be made for November. The amount entered in Column 2 for Item 13 will be 20/30ths (the number of days for which payment is to be made divided by the number of days in the month of November) of the monthly rate (Item 10).

(2) Increase in Aid Payment

If the increased payment is to be effective with a month following the month in which the increase is authorized, and payment in the same amount is to continue, enter data relating to the new payment in Column 6. (This tells the disbursing unit to add a new plate to the master deck.) Leave Column 5 blank. (If the increase is authorized after the county's cut-off date for changes on the main payroll for the coming month see page 3, Item II b)

Enter in Column 4 the payment data which appeared in Column 6 of the last Form Ag 278 transmitted. This tells the disbursing unit to delete the old plate from the master deck. (The deleted plate is replaced by the new plate punched according to the data entered in Column 6 of the Form Ag 278, not transmitted.)

- (b) Aid may have to be decreased for the coming month and changed to a different amount (either more or less than the amount authorized for the coming month) effective with the month thereafter.

If the county uses Column 5, enter the payment for the coming month in Column 5, and enter the payment data for the second month following that in which the aid is authorized in Column 6. In Column 4 enter payment data from Column 6 of the last authorization transmitted.

If the county disregards Column 5, enter the payment data for the coming month in Column 6. Make no entry in Column 5. In Column 4 enter payment data from Column 6 of the last Form Ag 278 submitted. Prepare another Form Ag 278 to authorize aid for the second month following that in which the aid is authorized. Use Column 6 of this second form to record the payment data for such second month. In Column 4 record payment data for Column 6 of the last form transmitted, i.e., the form which authorized payment for the first month following that in which the authorized action is taken.

Example 9: Aid is to be decreased for March to adjust for overpayment in January and February and is to be increased effective April. These grant changes are authorized in February. Authorization occurs before the county's dead line date for changing the main payroll for March.

Exhibit 9: The county uses Column 5 of the form.

In Column 5 enter the payment data for March. In Column 6 enter the payment data for April. In Column 4 enter payment data from Column 6 of the last authorization submitted.

The county does not use Column 5.

The decrease for March is recorded in Column 6 of the Form Ag 278 and Column 4 of that form is used to record payment data from Column 6 of the last previously submitted authorization form. A second form is prepared to authorize the change effective with the April payment. April payment data is entered in Column 6. In Column 4 appears payment data for Column 6 of the Form Ag 278 authorizing the decrease for March.

EXCEPTIONS

- (a) Authorization after the county's cut-off date for changes in the main payroll for the coming month.

If the effective date of the decreased aid payment would normally be the first day of the coming month, but the cut-off date has been reached, proceed as follows:

County uses Column 5.

In Column 5 enter the data for the payment to be made for the second calendar month following that in which the decrease is authorized. In

Exhibit 6: In Column 6 enter the data relating to the new amount he is to receive in March. There is no entry in Column 5. In Column 4 enter the payment data from Column 6 on the last Authorization transmitted. In Column 3 enter the data for the additional payment for February, use Column 2 for January; Column 1 for December.

If the amount of the continuing aid authorized on the last Form Ag 278 submitted remains correct (no change in the master deck is necessary) but additional aid is due for the current or past months, no entry is made in Columns 6, 5, and 4. Use Column 3 first, then Column 2, and then Column 1 to record the data relating to the additional aid to be paid for the specific months.

Example 7: In December it is determined that the recipient is due additional aid for November and December only. (Due to serious illness he did not report the extra need which began in November, until December.) The additional payments for November and December are authorized in December.

Exhibit 7: No entry is made in Columns 6 or 5 or in Column 4 (because the amount of aid last authorized remains correct for the continuing payments, thus no change is to be made in the master deck). In Column 3 enter the data relating to the additional payment for December. In Column 2 enter the data for November.

(3) Decrease in Aid Payments

Subject to the "exceptions" stated below the following instructions govern.

The decreased payment will be effective with a month following the month in which the decrease is authorized.

(a) If the decrease represents the amount to be paid for the coming and subsequent months, enter data relating to the new payment in Column 6; make no entry in Column 5. Enter in Column 4 the payment data which appeared in Column 6 of the last Form Ag 278 submitted. (This tells the disbursing unit to delete a plate from the master deck. The deleted plate is replaced by a new plate punched according to the data in Column 6 of the decrease authorization now transmitted.)

Example 8: It is known on November 15 that a recipient will begin to receive continuing income in December. A decrease in the aid payment effective December 1 is authorized on November 17 before the cut-off date for changes in the December payroll.

Exhibit 8: Enter in Column 6 the data relating to the December payment. In Column 4 show the data which appeared in Column 6 of the last Form Ag 278 submitted.

(b) Deadline Date for "Holds"

Warrants for the main payroll as reflected by the master deck are written in advance of the month for which they are due. Delivery of warrants written in accord with the master deck can be withheld by issuance of a "hold notice," provided such hold notice is received by the county's deadline date for "holds." This date is usually one or two days before the warrants are due to be placed in the mail.

Suppose the county learns that the grant for the coming month should be decreased or discontinued, and the cut-off date for master deck changes has passed. The deadline for submission of "hold" notices has not been reached. In accord with the county's usual procedure a "hold" notice is issued, and the disbursing unit is requested to cancel the warrant which has been issued but not delivered. The disbursing unit is then requested to discontinue aid, or to reissue the cancelled warrant in a lesser amount. This is done by submitting a Form Ag 278.

If aid is to be discontinued see Section (4) below.

If the cancelled warrant is to be reissued in a lesser amount, complete Column 3 showing the new payment data for the month for which the warrant was cancelled. For Item 12 "Amount Previously Authorized" enter "0."

Column 4, 5, and 6 are completed only if the amount for the coming months is to be changed from the amount shown in Column 6 of the last authorization transmitted.

Form Ag 278 authorizing reissuance of a cancelled warrant shall be accompanied by the county's notification to cancel the withheld warrant.

Example 11: On November 28 a "hold" is placed against the December warrant which is ready for delivery. It is to be cancelled and reissued in a lesser amount, and the grant for January and subsequent months is to be paid in the same lesser amount. These actions are authorized in December.

Exhibit 11: In Column 6 enter payment data for January. Make no entry in Column 5. In Column 4 enter payment data from Column 6 of the last authorization submitted. In Column 3 enter the payment data on which reissuance of the cancelled warrant for December is based, showing "0" for Item 12.

It is not necessary to cancel and reissue a held warrant if the facts establish that the recipient is eligible to receive aid in a greater amount. The withheld warrant is released and Form Ag 278 authorizing supplemental aid for the particular month is submitted. See Page 5, Item II b (2).

(4) Discontinuance of Aid

Check the box preceding Item 17 D and enter the effective date of discontinuance (the last day of the last month for which payment was made).

In Column 4, enter payment data from Column 6 of the last Form Ag 278 transmitted. For all discontinuances, enter the code(s) for each applicable Reason

Column 6 enter the payment data for the payment to be made beginning with the third calendar month subsequent to the month aid is authorized. In Column 4 enter the data which appeared in Column 6 of the last authorization submitted.

County does not use Column 5.

Prepare one authorization form for the payment to be made for the second calendar month following that in which the decrease is authorized. Complete Column 6 for that month's payment, and enter in Column 4 the payment data from Column 6 of the last Authorization transmitted.

Prepare another Form Ag 278 to authorize the payment to be made beginning with the third calendar month, subsequent to the month in which the payment described in the previous paragraph was authorized. Show payment data for such third month in Column 6. In Column 4 show payment data for Column 6 of the authorization form described in the preceding paragraph.

When determining the amount of aid to be paid effective with the second calendar month following the month in which the decrease is initiated, take into consideration:

1. Any overpayment which occurred in the month in which the decrease is authorized (except overpayment in that month of \$2 or less).

and

2. Any overpayment which will occur in the next calendar month (except overpayment in that month of \$2 or less.)

Remember that the recipient will receive a check on the first of the next calendar month in accord with the last authorization i.e., the amount on the plate now in the master deck. That authorization is for a larger grant than the facts now establish as the eligible amount. Thus overpayment will occur.

Example 10: On January 26 the county learns that the recipient's Spanish American War pension increased from \$35 to \$40 beginning with the January payment. Need is such that \$5 overpayment resulted. The grant change is authorized January 28.

The county uses Column 5.

Exhibit 10: Record payment data for the March decrease in Column 5. In Column 6 enter the payment data for April. (In the absence of a change in circumstances aid will be increased effective April 1.) In Column 4 record the data which appeared in Column 6 of the last authorization transmitted.

The county does not use Column 5.

Prepare two authorization forms, one for the decrease effective March 1, and the second for the increase effective April 1. (See paragraph 2 above.)

(a) A Form Ag 278 shall always be submitted to report the necessary change in participation status on payments for future months even though no change in the amount of the grant may be necessary. The fact that the investigation of the conditional restoration has been completed, and the date from which aid was paid conditionally, shall be reported in Item 16.

(b) A Form Ag 278 (a), Authorization for Retroactive Change in Participation Status, (see Exhibit 14a), shall be submitted to report detail as to the need and income in each month for which a conditional payment has been made, and to indicate the appropriate participation change in each such month so that a retroactive claim for federal participation can be made by the accounting unit. (By their use of Form AB 816, Schedule of Adjustments submitted with a monthly claim.) Form Ag 278 (a) shall be attached to the Form Ag 278 which is submitted to effect the necessary changes in the master deck as provided in Item (a) above.

(The lower section of Form Ag 278 (a) shall be used to report retroactive corrections in participation status for other reasons such as changes from non-county to regular or vice versa, or retroactive changes from federal to non-federal, or vice versa.

If all of the facts relating to a conditional restoration establish that the recipient has been ineligible for payments already made, and is ineligible for payments for future months, aid shall be discontinued by the submission of Form Ag 278. (The recipient shall be requested to repay all aid for which he was not eligible - see Old Age Security Manual Sec. A-1362.) Under these circumstances no Form Ag 278 (a) is submitted. However, if the facts establish that the recipient is ineligible for future aid, but was eligible to receive the aid paid to him during one or more months for which he has been paid "conditionally," a completed Form Ag 278 (a) shall be submitted to the accounting unit in order that retroactive claim can be made for such federal participation as may be due.

Example 14: Aid is conditionally restored effective 10/1/52 at \$75 a month (\$80 need and \$5 income). Investigation is completed in December and establishes that the grant is and has been in the correct amount.

Exhibit 14: Complete Column 6 showing payment data for January. In Column 4 record the payment data from Column 6 in the last authorization transmitted. (This will result in the master deck plate which calls for a \$75 payment on a non-federal participation basis being replaced by a plate which calls for a \$75 payment on a regular participating basis.

Under "Remarks" in Item 16 state: "Aid conditionally granted effective October 1, 1952. Completed investigation shows grant is and has been correct. Participation status only to be changed." In order that a retroactive claim for federal participation for October, November and December may be made by the accounting unit, a Form Ag 278 (a) is prepared to accompany Form Ag 278.

for Discontinuance opposite "Section A" in Item 16; enter the explanation for all codes which call for "specify" in Item 16 opposite "Remarks." For all discontinuances except those due to death, enter opposite "Section B" in Item 16, the code for the first applicable item appearing on the list entitled "Material Change in Economic Circumstances of Cases Discontinued." ~~See reverse side of form for codes.~~ See Exhibit 12.

(5) "Conditional" Restoration Following Discontinuance Because of Employment

Aid must be restored within 30 days from the date of request for restoration following discontinuance because of employment (provided the request is made to the same county which discontinued the aid). If the facts as to eligibility are not available by the end of that period, aid shall be restored "conditionally" on the basis of information given by the former recipient i.e., presumptive eligibility. (See Old Age Security Manual Sec. A-288) Payment authorized and paid on the basis of presumptive eligibility shall be claimed on a non-federal basis.

For every restoration following discontinuance because of employment, check Item 17 B and in Item 20 enter the date of the written request for restoration (Old Age Security Manual Sec. A-284). Also check the appropriate box in Item 20 to designate whether eligibility has been established, or aid is restored conditionally on the basis of presumptive eligibility. Use of Columns in the Payment Data Section is the same as for any other restoration, except that Items 14 through 14 b are always completed on the basis of non-federal status i.e., an "X" designation in Item 15.

Example 13: Aid was discontinued in March because of employment. On September 2 the former recipient signs a written request for restoration, stating his income ceased in August. He rents some property in another county and there have been some expenses on it. He believes his net income is \$5 a month but won't know the exact amount until he hears from the tenant. The 30 day period expired October 2. Aid is authorized on October 5, effective from October 1.

Enter payroll data for November in Column 6. Enter payroll data for October in Column 3. Enter the date of request, 9-2-52, in Item 20 A and check the box indicating Conditional Restoration.

In any case of Conditional Restoration, the investigation must be continued until completed. If completed before the end of the second month following that month in which aid was restored conditionally, it is necessary to make a retroactive claim for federal participation in the grants which were paid on the basis of presumptive eligibility. If the investigation is completed later than the second month following the month the aid was conditionally restored, federal participation begins with the month in which action completing the investigation is taken.

When all of the facts relating to a conditional restoration have been secured, and those facts establish eligibility to receive continued aid, two actions are necessary:

Exhibit 14 (a): See Exhibit 14 (a)

- c. Effective and Operative Dates: This bulletin shall become effective December 1, 1952, and be operative by December 31, 1953. This will enable counties to shift from the existing to the new authorization procedure beginning with the payment for any month designated by the county within the calendar year of 1953.

It is recognized that fiscal procedures in some counties may be such that some modification of the authorization plan as herein set forth may be necessary. The department will approve an authorization plan submitted by an individual county to meet local conditions if such plan conforms to the general principles of authorization procedure as set forth herein, contains all necessary information, and provides effective controls. Any county wishing to use a modified authorization plan must submit it not later than July 1, 1953 to the State Department of Social Welfare for analysis and decision.

Very sincerely yours,

Charles I. Schottland
Director

Attachment

Column 4 - LAST AUTHORIZATION: This column is used to inform the disbursing unit that a plate is to be removed from the master deck, i.e., that a person and a payment amount are to be deleted from the last main payroll. This column is completed when payment is discontinued; when aid is increased or decreased for a future month, whether for one month only or on a continuing basis; when there is a change in participation in a future month. The entries in this column are taken from Column 6 of the last Form Ag - submitted. (No entry is made in this column for a new application or restoration.)

Column 5 - NEW AUTHORIZATION - ONE MONTH ONLY: Use of this column is optional with county. It is provided for those counties whose accounting control procedures are such that duplicate payments will not occur if this column is used, and reconciliation will not be adversely affected. The column provides for: (1) change in payment (either increase or decrease) for one month only, the payment for the month thereafter to either revert to the old amount, or change to another amount; (2) payment for a partial month in the rare case in which payment for a coming month will be less than for the full month, (i.e., aid is granted in October to be effective beginning November 9, the date age 65 is reached). If Column 5 is used, both Columns 4 and 6 shall also be completed unless the case is a new application or restoration, in which event no entry would be made in Column 4.

Column 6 - NEW AUTHORIZATION - CONTINUING: Column 6 always reflects the amount to be paid on the main payroll for the future month specified, and for each month thereafter until the grant is changed or discontinued by the submission of another Form Ag 278. If the county does not elect to use Column 5 and the entry in Column 6 is for one month only, the grant change for the month following that specified in Column 6 must be submitted on another Form Ag 278.

Column 7 - ACCOUNTING USE ONLY: If the county elects to disregard Column 5, this column would be used by the accounting or disbursing unit for an authorization for the coming month intended to be included, but received too late to be included on the main payroll. In such an instance, the same payment data as shown in Column 6 would be entered in Column 7 for the month subsequent to that shown in Column 6. The payment for the month specified in Column 6 would then be specially written and reflected on a supplemental payroll.

6. Effective - Month-Day-Year: Enter the effective date in each column completed.
7. Total Need: Enter total need in each column for which a payment entry is made.
8. Total Income: Enter the total amount of net income for each month for which an entry is made in Columns 1 through 3 and to be received in the months specified in Columns 5 and 6. In Item 16 record each amount of income received, its source and month in which received.
9. Need Minus Income: Subtract Item 8 from Item 7 and enter the balance.
10. Entitled to Receive @ Rate of: Enter same amount as in Item 9 if that amount is equal to or less than the statutory maximum. If Item 9 exceeds the statutory maximum enter the figure which represents the statutory maximum.

APPENDIX I

INSTRUCTIONS FOR COMPLETING AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE OLD AGE SECURITY, FORM *Ag 278*

1. Date: Enter the date on which the form is initiated by the social worker.
2. County: Enter the county name. Co.# - Enter the county case number.
St.# - Enter the state number assigned to the case.
3. Name: Enter the name as it should appear on the warrant (given name or initials first, then surname). In case of guardianship of the estate, enter the guardian's name first i.e., John Doe, Guardian of Richard Row. If name has to be changed because of marriage, guardianship, or to correct an error, insert changed name.
4. Change Name From: Make an entry here only when a change in name is being authorized. Insert name as it appeared on the last authorization transmitted.
5. Address: If, in the absence of a street address, there is a P. O. Box number, RFD, or General Delivery designation, such designation precedes the name of the city or town. If a guardian is shown for Item 3, enter the address of the guardian. Enter the name of the state, if living out of California, otherwise no state designation is necessary. This form cannot be used to change an address. Use the county's change of address procedure to report change or correction in address.

Payment Data for Months Specify Below: This section of the form consists of 7 columns, the 7th being reserved for use of the accounting unit. Column 1 through 6 are used to authorize payment for specific months as follows:

Column 1, 2 and 3 - SUPPLEMENTAL PAYROLL: These columns are used (1) to record payment data for the current or past month; (2) to record data for the coming month if payment is authorized after the county's cut off date for changing the main payroll for the coming month; (3) to record payment data for a coming month in the rare case in which payment will be for a partial month (if the county elects to use Column 5 the data for such partial month may be entered in that column - see "Column 5" on page 2); (4) to record payment data for a retroactive decrease (i.e., a cancelled warrant is reissued in a smaller amount).

Payments for months specified in Column 1, 2 and 3, do not appear on the main payroll for the particular months. They are shown on supplemental payrolls.

Columns 1, 2, and 3 shall be used in reverse chronological order. Column 3 is used for the current or most recent month; Column 2 for the next most recent month; etc. If necessary to use more than 3 columns, use an additional form entering payment data in Columns 1, 2, or 3, as needed, on the second form. Do not make any entry in Columns 4, 5, or 6 of the second form. Otherwise it is completed in every detail, including the signature and date in Item 21. It must be stapled to the first page of the form.

If it is determined that supplemental payment is due for a previous month, Items 11a through Item 15 would be completed as follows:

Federal participation was available in the October 1952 payment. In December a supplemental payment is authorized for October.	Federal Participation was available in the January 1953 payment. In May a supplemental payment is authorized for January.	Federal participation was not available in the February 1953 payment. In April a supplemental payment is authorized for February.
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Item 11a	80	70	80
12	65	60	65
13	15	10	15
14	25	5	0
14a	10	5	0
14b	15	0	0
15	R	X	X

15. Code for Participation: Consult code legend immediately below Item 15 and specify appropriate code for each column for which an entry is made.

16. Remarks and Reason for Discontinuance: Always complete this section whenever income, or net overpayment in the current adjustment period, is reported. Otherwise use as a "remarks" space to state that investigation has been completed on a conditional restoration following discontinuance because of employment, and to explain or clarify unusual situations.

For all discontinuances, enter the code(s) for each application Reason for Discontinuance opposite "Code A;" enter the explanation for all codes which call for "specification" opposite "Remarks." For all discontinuances except those due to death, enter opposite "Code B," the code for the first applicable item appearing on the list entitled "Material Changes in Economic Circumstances of Cases Discontinued." See page 4 of Appendix II for codes.

17. Type: A check in the appropriate box classifies the change and facilitates claiming procedures.

A. New: Check the box preceding "A" if the action relates to a new application. Enter the date the application was signed unless the case is a transfer from another county in which case enter "TR" instead of the date of application. If a transfer is involved, also state the former county in the space provided. Check the box preceding "A" if the action relates to an application filed following denial or withdrawal of a previous application, or grants aid after discontinuance for a period of more than twelve months (see Old Age Security Manual Secs. A-204 and A-232). Make no entry in any of the remaining boxes even though aid may be granted in varying amounts for current, past, and future months.

The amount entered here is the monthly rate i.e., the amount the recipient is entitled to receive for a full month.

11. Net Overpayment in Adjustment Period: Enter here the amount of overpayment, if any, occurring in the two months preceding the month of adjustment. If underpayment occurred in one of these months enter the net amount of overpayment i.e., the amount of overpayment reduced by the amount of retroactive aid which would otherwise be due to be paid for the month in which underpayment occurred. If there is no overpayment to be deducted enter "0." In Item 16 state the amount of over or underpayment occurring in each of the two preceding months.

11a. Difference Between Item 10 and 11: Subtract Item 11 from Item 10. This is the adjusted rate for the particular month.

12. Amount Previously Authorized: Enter here the amount, if any, previously authorized for the particular month. The entry for this item for Columns 1 through 3 will be "0" for all except additional (supplemental) payment for months for which the recipient has already received a payment in some amount. This item will also be "0" when entering data for re-issuance of a cancelled warrant. Item 12 will be completed in Column 4 only when a change in the continuing payroll, or a discontinuance, is being authorized.

13. Amount to be Paid: Subtract Item 12 from Item 11a.

14.* Total Federal Excess: If federal participation is available enter the amount by which the figure in Item 11a exceeds \$55. If federal participation is not available enter "0" in this space.

Exception for Certain Supplemental Payments: If federal participation was available in a particular previous payment and a supplemental payment for such month is being authorized beyond the period when federal participation would normally be available in that payment, enter the amount by which the figure in Item 12 exceeded \$55, (exceeded \$50 for months prior to October 1952). (See Manual Section F-520, Federal Participation in Aid Payments.)

14a.* Excess on Previous Payment: This entry will be "0" for all cases except supplemental payments. (A supplemental payment is an additional payment for a month for which a payment has already been made in some amount.) This entry will also be "0" when entering data for re-issuance of a cancelled warrant.

If a supplemental payment is being authorized, and if federal participation was available in the previous payment, enter the amount by which the figure in Item 12 exceeds \$55. (Exceeded \$50 for months prior to October 1952.)

14b.* Excess on This Payment: Enter the difference between 14 and 14a.

*Completion of this item is optional with the county. If the county elects not to use this item of the form, provision shall be made elsewhere for accurate determination and recording of the necessary information. (See Bulletin 440, Page 2, IIa.)

18. Complete as directed on the form.
19. If aid is being granted to correct an erroneous denial, check the box immediately preceding "Erroneous Denial" and enter the date the erroneous action was taken. If aid is being restored in order to correct an erroneous discontinuance, check the box immediately preceding "Erroneous Discontinuance" and enter the effective date of the erroneous discontinuance. If aid is being granted to carry out an appeal decision by the State Social Welfare Board, or to adjust an appeal which has been filed but not yet heard or submitted to the State Social Welfare Board, check the box immediately preceding "Appeal" and enter the date the appeal was signed. If the appeal is the result of an erroneous denial also check the box immediately proceeding "Erroneous Denial" and enter the date the erroneous action was taken.
20. Restoration Following Discontinuance Because of Employment: In every case in which Old Age Security is restored (or granted on a reapplication) following discontinuance because of employment the date of the written request for restoration shall be entered. In addition, it is necessary to designate by a check in the appropriate box whether eligibility has been established, or whether aid is granted conditionally on the basis of presumptive eligibility. (See Old Age Security Manual Sec. A-284 and A-288)
- (Use Form Ag 278 to report the completion of the investigation on a case which previously has been restored "Conditionally" following discontinuance because of employment.)
21. Certification and Authorization: Check the appropriate box opposite (a), (b), (c) or (d).

The spaces provided for date and signature of the social worker and social work supervisor are used to record the date and certification of these persons to the action specified. The "Authorized Signature" is that of the official who certifies to the action by the Board of Supervisors (signature is that of the county clerk or deputy), or the signature of its duly appointed agent. "Date" is the date of action by the Board or its agent.

- B. Restoration: Check the box preceding "B" if aid is being granted following discontinuance by the same county within twelve months prior to the date of request (A-204). Make no entry in any of the remaining boxes unless aid is being restored for one month only and is to be discontinued at the end of the month. Under these circumstances check boxes B and D.
- C. Additional Payment for Current or Past Months: Check here if supplemental or retroactive aid is being authorized for the current or past months. If, in addition, a change in the payment for future months is authorized also check appropriate Box F, G, or H.
- D. Discontinuance: Check this item if aid is being discontinued. The effective date of discontinuance shall be shown. For all discontinuances, enter the code(s) for each applicable Reason for Discontinuance opposite "Section A" in Item 16; enter the explanation for all codes which call for "specify" in Item 16 opposite "Remarks." For all discontinuances except those due to death, enter, opposite "Section B" in Item 16, the code for the first applicable item appearing on the list entitled "Material Change in Economic Circumstances of Cases Discontinued." See page 6 of Appendix II for codes.
- E. Application Denied: Check this box when an application is denied, and enter in Item 16 the reason the applicant was determined to be ineligible.
- F. Increase in Continuing Grant: Check here when the amount to be paid for the month shown in Column 6, Item 13, is more than the amount shown in Column 6 of the last Form Ag 278 submitted i.e., more than shown in Column 4, Item 12. If supplemental or retroactive aid for the current or previous months is being authorized in addition to a change in the grant for future months also check Item 17C.
- G. Decrease in Continuing Grant: Check here if the amount to be paid for the month shown in Column 6, Item 13, is less than the amount shown in Column 6 of the last Form Ag 278 submitted, i.e., less than shown in Column 4, Item 12. Also check Item J if the action authorizes a held warrant to be cancelled and reissued in a smaller amount.
- H. Change for One Month Only: If the county has elected to use Column 5, check this item when the action authorizes an increase or decrease for one particular future month only. The payment for the month which follows that month may revert to the amount of last authorization, or change to an amount different from the amount shown in Column 6 of the last Form Ag 278 submitted, i.e., Column 4, Item 12. Whenever this item is checked appropriate entry must be made in each of Columns 4, 5, and 6.
- I. Suspension: Check this item if the action authorizes suspension of payment, and enter the month for which the warrant was held beyond the month for which it was due. No entries are made in any columns in the Payment Data section.
- J. Retroactive Decrease: Check this item if the action authorizes a held warrant to be cancelled and reissued in a smaller amount.

- Code 7. Income from property--Enter "7" if aid was discontinued because of receipt of income from real or personal property. In Item 16 "Remarks" write a brief description of the nature of this income; e.g., rent from dwelling, interest on loan, etc.
- Code 8. Income from other sources--Enter "8" if aid was discontinued because of the receipt of income from some source other than those listed under Codes 2 through 7. Write a brief description of such income; e.g., Unemployment Insurance, Old Age and Survivors' Insurance in Item 16 "Remarks."

Non-Income Reasons:

- Code 9. Subsequent information disproves eligibility originally established--Enter "9" if aid was discontinued because subsequent information indicated that the recipient was not eligible for the original grant. Indicate in Item 16 "Remarks" the specific grounds for ineligibility; e.g., age, property, residence, etc. Explain briefly how and when ineligibility was discovered.
- Code 10. Change in law or policy--Enter "10" if a change in legal or administrative policy automatically makes the case ineligible at the time of change although previously it was eligible. Specify briefly in Item 16 "Remarks" the nature of the change.
- Code 11. Refusal after acceptance to comply with established regulations--Enter "11" if aid was discontinued because the recipient refused to comply with established regulations; i.e., refusal to supply information, etc. Specify in Item 16, "Remarks."
- Code 12. Excess property--Enter "12" if aid was discontinued because the value of the recipient's real or personal property, or both, exceeds that permitted under the OAS Law, but the need for assistance is not met by the income, if any. If the income meets the recipient's needs, enter "7."
- Code 13. In county hospital (medical care) more than two months--Enter "13" (or "15" if not a county hospital).
- Code 14. Admitted to county infirmary (custodial care)--Enter "14" if aid was discontinued because recipient entered a county infirmary for custodial care; i.e., shelter and maintenance only.
- Code 15. Admitted to other public institution--Enter "15" if aid was discontinued because the recipient entered a public institution other than a county hospital or county infirmary.
- Code 16. Accepted for ANB or APSB--Enter "16" if aid was discontinued because the recipient was granted ANB or APSB. Specify which program on Item 16, "Remarks."

APPENDIX II

INSTRUCTIONS FOR CODING REASON FOR DISCONTINUANCE AND MATERIAL CHANGE IN ECONOMIC CIRCUMSTANCES OF CASES DISCONTINUED

FORM Ag 27842, ITEM 16, ~~CODE A~~ AND ~~CODE B~~

SECTION A. REASON FOR DISCONTINUANCE OF AID TO RECIPIENT

Enter all applicable code numbers for reasons for discontinuance which appear on the list. For example, if earnings of spouse (Code 3) and contributions from adult children (Code 5) result in the discontinuance of a case, enter both "3" and "5."

If discontinuance is because of a recurring lump sum payment, enter the appropriate code number (2 through 8 only) to indicate the source of the payment. If the income was a recurring lump sum payment, specify "lump sum" in Item 16 "Remarks" and report the amount of the lump sum payment, the specific source, and the period it is expected to meet the recipient's needs.

Code 1. Death--Enter "1" if aid was discontinued because of the death of the recipient. If death occurred in a public medical institution, enter "13" (or "15", if not a county hospital) and enter the date of admission.

Income to Recipient From:

Code 2. Earnings of recipient--Enter "2" if aid was discontinued because of earnings of the recipient (including earnings from self-employment).

Code 3. Earnings of spouse--Enter "3" if aid was discontinued because of the receipt of support from earnings (including earnings from self-employment) of recipient's husband or wife whether or not the earnings were considered community property.

Code 4. Other resources of spouse--Enter "4" if aid was discontinued because of support from separate income of the spouse; i.e., rental of spouse's separate property, or separate income from any source other than earnings of the spouse.

Code 5. Contributions from adult children--Enter "5" if aid was discontinued because of the receipt of support from adult children.

Code 6. Contributions from others--Enter "6" if aid was discontinued because of contributions from persons other than the spouse or adult children.

Do not enter "6" if the income was derived from roomers and/or boarders in the household; under these conditions enter "2" if the recipient is responsible for management of the household or "3" if the spouse is responsible for management of the household.

Code 1. Employment or increased earnings of recipient--Enter "1" for cases in which the recipient's need for assistance has decreased because of his employment or an increase in his earnings (including earnings from self-employment). The increase in earnings may be the result of higher wages or fuller employment.

Code 2. Employment or increased earnings of other person in home--Enter "2" for cases in which recipient's need for assistance has decreased because of the employment or increased earnings of any other person in the home (including earnings from self-employment). The increase may be the result of higher wages or fuller employment.

If an increased contribution is made to the recipient by a person in the home without new employment or increased earnings or increase in other resources, enter "6."

Code 3. Allowance, pension, or other payment connected with military service, received by person in home (including the recipient himself)--Enter "3" for cases in which the recipient's need for assistance has decreased through the receipt, by any person in the home, of an allowance, pension, or other payment connected with military service, which is given on the basis of service or disability. Include here allowances, death gratuities, military insurance, and disability benefits, not only to persons in the armed forces and their dependents, but also to civilian employees and their dependents, as provided for in veterans' legislation; pensions to widows and orphans of veterans of World War I; and payments under the Servicemen's Readjustment Act of 1944 (commonly known as the GI Bill).

Code 4. Increased support from person outside home--Enter "4" in which recipient's need for assistance has decreased because of increased support from a person outside the home. This item includes support from relatives who have not previously contributed, and not only support from relatives whose ability to contribute has increased, but also those who without any change in circumstances have assumed more responsibility for support.

Code 5. Increase in other resources of person in home (including the recipient himself)--Enter "5" for cases in which the recipient's need for assistance has decreased by reason of resources other than those specified in the items above. Life insurance benefits (other than military insurance), the inheritance of income-producing property or money, the receipt of Old Age and Survivors' Insurance, and increased income from investments of real or personal property are examples of resources to be included here.

Do not include resources if the resources were available when the payment was approved, and the payment would not have been made had the resources been known to exist; enter "7," "No known material change in economic circumstances" for such cases.

Code 17. Loss of state residence--Enter "17" if aid was discontinued because the recipient has moved out of the state and has established residence elsewhere.

Code 18. Transferred to-----County--Enter "18" if aid was discontinued because the recipient has moved to another county and the second county has become responsible for the payment of aid, and insert name of second county.

Code 19. Other reason--Enter "19" if aid was discontinued for some reason other than those listed under Codes 1 through 18. Describe the reasons or circumstances for this discontinuance in Item 16, "Remarks." Enter "19" if the recipient was admitted to a private institution (an institution which does not derive support from public funds) only if the recipient would have continued to be eligible for aid had he not entered the institution.

SECTION B. MATERIAL CHANGES IN ECONOMIC CIRCUMSTANCES OF DISCONTINUED CASES (EXCLUDE DEATH)

Section B is to be completed for all discontinued cases except those discontinued because of death.

If two or more items under Section B apply in a given case, enter the number of the item appearing first on the list.

If discontinuance is because of a recurring lump sum payment, enter the number of appropriate code (1 through 6 only) to indicate the source of payment.

If there has been no material change in the recipient's economic circumstances, enter "7," "No known material change in economic circumstances."

Section B is to provide information on the number of cases in which there was an increase in the income of the individual that would wholly or partly offset the effect of discontinuing assistance.

The changes in economic circumstances reported in Section B may or may not be the cause of the discontinuance reported in Section A. For example, a recipient's grant might be discontinued because increased earnings have made him ineligible. In this case, "2" would be entered in Section A and "1" would be entered in Section B. On the other hand, if a recipient became ineligible because of a son's contributions and simultaneously had an increase in earnings not sufficient in itself to make him ineligible, "5" would be entered in Section A, and "1" would be entered in Section B since it appears first in the list.

Unless some preceding item is applicable, cases in which need for assistance has been decreased by the receipt of Old Age and Survivors' Insurance, Workmen's Compensation, and Unemployment Compensation, "4" or "5" should be entered in Section B.

Do not include real or personal property the value of which has increased beyond the legal maximum, but need is not materially reduced by the income; enter "7," "No known material change in economic circumstances" for such cases.

If an increased contribution is made to the recipient by a person in the home without new employment or increased earnings or increase in other resources, enter "6."

Code 6. Other material change in economic circumstances--Enter "6" for cases in which the recipient's need for assistance has decreased for reasons other than those specified in items above; i.e., cases in which need has decreased with no increase in resources, and cases in which need has been decreased because of marriage of the recipient.

If an increased contribution is made to the recipient by a person in the home without new employment or increased earnings or increase in other resources, the case should be reported under this item.

Code 7. No known material change in economic circumstances--Enter "7" for cases in which there is no known change in economic circumstances of cases discontinued; i.e., any non-income reason.

Codes for DISCONTINUANCE OF AID ~~TO THE INDIVIDUAL RECIPIENT~~SECTION A. REASON FOR DISCONTINUANCE OF AID ~~TO RECIPIENT~~

Enter opposite "Section A" in Item 16 on the face of Form *Ag*²⁷⁸ ~~Ag~~ codes for all applicable items. Also specify in Item 16, "Remarks", additional information as required.

1. Death

INCOME TO RECIPIENT FROM:

2. Earnings of Recipient
3. Earnings of Spouse
4. Other resources of Spouse
5. Contribution from adult children
6. Contribution from others
7. Income from property Specify in Item 16
8. Income from other sources Specify in Item 16

NON-INCOME REASONS:

9. Subsequent information disproves eligibility originally established Specify in Item 16
10. Change in law or policy Specify in Item 16
11. Refusal after acceptance to comply with established regulations Specify in Item 16
12. Excess property
13. In County Hospital (Medical Care) more than two months.
14. Admitted to County Infirmary (Custodial Care)
15. Admitted to other Public Institutions
16. Accepted for ANB or APSB Specify which in Item 16
17. Loss of State residence
18. Transferred to Specify County in Item 16
19. Other reason EXPLAIN FULLY under Item 16

SECTION B. MATERIAL CHANGE IN ECONOMIC CIRCUMSTANCES OF CASES DISCONTINUED (Exclude Death)

Enter opposite "Section B" in Item 16 on the face of Form *Ag*²⁷⁸ ~~Ag~~ the code for the applicable item appearing first in list.

1. Employment or increased earnings of recipient
2. Employment or increased earnings of other person in home
3. Allowance, pension, or other payment connected with military service, received by person in home
4. Increased support from person outside home
5. Increase in other resources of person in home
6. Other material change in economic circumstances (including decreased need without change in resources)
7. No known material change in economic circumstances

*Department Bulletin 480(075)
Appendix II, Page 6*

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE OLD AGE SECURITY

1. DATE 10-11-52 2. COUNTY Fresno CO# 391 ST# 123
 3. NAME Exhibit 1 4. CHANGE NAME FROM: _____
 5. ADDRESS 2135 - 5th St. Fresno

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year			<u>10-1-52</u>	XXXXXXXXXX		<u>11-1-52</u>	
7. Total Need			<u>90</u>	XXXXXXXXXX		<u>90</u>	
8. Total Income (see Item #16)			<u>22</u>	XXXXXXXXXX		<u>22</u>	
9. Need Minus Income			<u>68</u>	XXXXXXXXXX		<u>68</u>	
10. Entitled to Receive @ Rate of			<u>68</u>	XXXXXXXXXX		<u>68</u>	
11. Net Overpayment in Adjustment Period (Specify in Item 16)			<u>0</u>	XXXXXXXXXX		<u>0</u>	
11a. Difference Between 10 & 11			<u>68</u>	XXXXXXXXXX		<u>68</u>	
12. Amount Previously Authorized			<u>0</u>		XXXXXXXXXXXX	XXXXXXXXXXXX	
13. Amount to be Paid			<u>68</u>	XXXXXXXXXX		<u>68</u>	
14. Total Federal Excess			<u>13</u>			<u>13</u>	
14a. Excess on Previous Pymt.			<u>0</u>	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
14b. Excess on this Payment			<u>13</u>	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column			<u>R</u>			<u>R</u>	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pays All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks \$22 contribution from son - October and thereafter Reason for Discontinuance Sec A CODE 45
Sec B CODE 5

17. PE ☒ A. NEW - Date of application 9-10-52 ☐ E. APPLICATION DENIED (State reason in Item 16.)
 If transfer, former county _____
 (Make no entry in Column 4. Complete Item 19 and 20 when applicable.)
☐ B. RESTORATION (Make no entry in Column 4. Complete Items 18, 19 and 20 when applicable.)
☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)
☐ D. DISCONTINUANCE, effective date _____
 (Complete Column 4; also enter codes in Item 16)
☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
☐ I. SUSPENSION - 'Warrants held from _____)
☐ J. RETROACTIVE DECREASE (Warrant held and cancelled.)

18. Restored after discontinuance because in a public institution? No Yes. If yes, date of release _____
 If "Yes" was automatic restoration authorized?.....No Yes Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. If restored following discontinuance because of employment, enter date of written request for restoration _____, and check one: ☐ Eligibility Established: ☐ Conditional Restoration, Presumptive Eligibility.

21. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

- (a) The above-named is entitled to Old Age Security in amounts specified above. ☒
 (b) Payment as specified above is authorized in accord with appeal decision. ☐
 (c) The above-named applicant is ineligible for the reason stated in Item 16. ☐
 (d) The payee is not entitled to aid beyond the date specified in 17 D above for the reason stated in Item 16. ☐

Signature of Social Worker 10-12-52 Date Signature of Social Work Supervisor or Director 10-13-52 Date

Approved by the County of _____ Authorized Signature _____ Date 10-14-52

10/52 3

When this form is printed
 it will be size 8½ x 11

EXHIBIT 1

u. Pg 278, December 1952

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE OLD AGE SECURITY

12-23-52

1. DATE

2. COUNTY **Fresno** CO# **353** ST# **126**

3. NAME **Exhibit 2**

4. CHANGE NAME FROM:

5. ADDRESS **3641 - 6th St. Fresno**

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year	11-1-52	12-1-52	1-1-53	XXXXXXXXXX		2-1-53	
7. Total Need	85	85	85	XXXXXXXXXX		85	
8. Total Income (see Item #16)	35	20	15	XXXXXXXXXX		15	
9. Need Minus Income	50	65	70	XXXXXXXXXX		70	
10. Entitled to Receive @ Rate of	50	65	70	XXXXXXXXXX		70	
11. Net Overpayment in Adjustment Period (Specify in Item 16)	0	0	0	XXXXXXXXXX		0	
11a. Difference Between 10 & 11	50	65	70	XXXXXXXXXX		70	
12. Amount Previously Authorized	0	0	0		XXXXXXXXXXXX	XXXXXXXXXXXX	
13. Amount to be Paid	50	65	70	XXXXXXXXXX		70	
See Bull. Page 3, IIa.	14. Total Federal Excess	0	10	15		15	
	14a. Excess on Previous Pymt.	0	0	0	XXXXXXXXXXXX	XXXXXXXXXXXX	
	14b. Excess on this Payment	0	10	15	XXXXXXXXXXXX	XXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column	X	R	R			R	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pays All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks

November - net income from rentals -- \$35
December - net income from rentals -- 20
January & continuing - net income from rentals -- \$15

Reason for Discontinuance
Sec A CODE **(5)**
Sec B CODE **7**

17. TYPE ☒ A. NEW - Date of application **July 8, 1952**
If transfer, former county _____
(Make no entry in Column 4. Complete Item 19 and 20 when applicable.)

☐ B. RESTORATION (Make no entry in Column 4. Complete Items 18, 19 and 20 when applicable.)
☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)
☐ D. DISCONTINUANCE, effective date _____
(Complete Column 4; also enter codes in Item 16)

☐ E. APPLICATION DENIED (State reason in Item 16.)
☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
☐ I. SUSPENSION - Warrants held from _____
☐ J. RETROACTIVE DECREASE (Warrant held and cancelled.)

18. Restored after discontinuance because in a public institution? No Yes . If yes, date of release _____

If "Yes" was automatic restoration authorized?.....No Yes Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. If restored following discontinuance because of employment, enter date of written request for restoration _____, and check one: ☐ Eligibility Established: ☐ Conditional Restoration, Presumptive Eligibility.

21. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

- (a) The above-named is entitled to Old Age Security in amounts specified above.

(b) Payment as specified above is authorized in accord with appeal decision.

(c) The above-named applicant is ineligible for the reason stated in Item 16.

(d) The payee is not entitled to aid beyond the date specified in 17 D above for the reason stated in Item 16.
- ☒
☐
☐
☐

12-23-52

12-24-52

Signature of Social Worker

Date

Signature of Social Work Supervisor or Director

Date

Approved by the County of _____

Authorized Signature _____

Date **12-26-52**

10/52 3

(Note - cut off date 12-21)

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AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE OLD AGE SECURITY

1. DATE 12-23-52 2. COUNTY Fresno CO# 353 ST# 126
 3. NAME Exhibit 2 4. CHANGE NAME FROM: _____
 5. ADDRESS 3641 - 6th St. Fresno

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year			10-1-52	XXXXXXXXXX			
7. Total Need			85	XXXXXXXXXX			
8. Total Income (see Item #16)			30	XXXXXXXXXX			
9. Need Minus Income			55	XXXXXXXXXX			
10. Entitled to Receive @ Rate of			55	XXXXXXXXXX			
11. Net Overpayment in Adjustment Period (Specify in Item 16)			0	XXXXXXXXXX			
11a. Difference Between 10 & 11			55	XXXXXXXXXX			
12. Amount Previously Authorized			0		XXXXXXXXXXXX	XXXXXXXXXXXX	
13. Amount to be Paid			55	XXXXXXXXXX			
See Bull. Page 3, Iia.	14. Total Federal Excess		0				
	14a. Excess on Previous Pymt.		0	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
	14b. Excess on this Payment		0	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column			X				

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pays All) X or 3 - Non-Federal FOR ITEM #15. (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks October - net income from rentals --\$30 Reason for Discontinuance CODE (5) Sec. A Sec. B CODE 4

17. PE ☒ A. NEW - Date of application July 8, 1952 ☐ E. APPLICATION DENIED (State reason in Item 16.)
 If transfer, former county _____
 (Make no entry in Column 4. Complete Item 19 and 20 when applicable.)
☐ B. RESTORATION (Make no entry in Column 4. Complete Items 18, 19 and 20 when applicable.)
☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)
☐ D. DISCONTINUANCE, effective date _____ (Complete Column 4; also enter codes in Item 16.)
☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
☐ I. SUSPENSION - Warrants held from _____
☐ J. RETROACTIVE DECREASE (Warrant held and cancelled.)

18. Restored after discontinuance because in a public institution? No ___ Yes ___. If yes, date of release _____
 If "Yes" was automatic restoration authorized?.....No ___ Yes ___ Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. If restored following discontinuance because of employment, enter date of written request for restoration _____, and check one: ☐ Eligibility Established: ☐ Conditional Restoration, Presumptive Eligibility.

21. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

- (a) The above-named is entitled to Old Age Security in amounts specified above. ☒
 (b) Payment as specified above is authorized in accord with appeal decision. ☐
 (c) The above-named applicant is ineligible for the reason stated in Item 16. ☐
 (d) The payee is not entitled to aid beyond the date specified in 17 D above for the reason stated in Item 16. ☐

12-23-52 12-24-52
 Signature of Social Worker Date Signature of Social Work Supervisor or Director Date

Approved by the County of _____ Authorized Signature _____ Date 12-26-52

10/52 3

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AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE OLD AGE SECURITY

1. DATE 11-19-52 2. COUNTY Fresno CO# 456 ST# 231
 3. NAME Exhibit 3 4. CHANGE NAME FROM: _____
 5. ADDRESS 5321 - B St. Fresno

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year	<u>11-11-52</u> <u>12-1-52</u>			XXXXXXXXXX		<u>1-1-53</u>	
7. Total Need		80	80	XXXXXXXXXX		80	
8. Total Income (see Item #16)		0	0	XXXXXXXXXX		0	
9. Need Minus Income		80	80	XXXXXXXXXX		80	
10. Entitled to Receive @ Rate of		80	80	XXXXXXXXXX		80	
11. Net Overpayment in Adjustment Period (Specify in Item 16)		0	0	XXXXXXXXXX		0	
11a Difference Between 10 & 11		80	80	XXXXXXXXXX		80	
12. Amount Previously Authorized		0	0		XXXXXXXXXXXX	XXXXXXXXXXXX	
13. Amount to be Paid		53.33	80	XXXXXXXXXX		80	
See Bull. Page 3, Iia.	14. Total Federal Excess	0	25			25	
	14a Excess on Previous Pymt.	0	0	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
	14b Excess on this Payment	0	25	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column		R	R			R	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pays All) X or 3 - Non-Federal FOR ITEM #15. (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks _____ Reason for Discontinuance CODE (A) Sec. A Sec. B

17. PE ☐ A. NEW - Date of application _____ If transfer, former county _____ (Make no entry in Column 4. Complete Item 19 and 20 when applicable.) ☐ E. APPLICATION DENIED (State reason in Item 16.)
- ☒ B. RESTORATION (Make no entry in Column 4. Complete Items 18, 19 and 20 when applicable.) ☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
- ☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.) ☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
- ☐ D. DISCONTINUANCE, effective date _____ (Complete Column 4; also enter codes in Item 16) ☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
- ☐ I. SUSPENSION - Warrants held from _____ ☐ J. RETROACTIVE DECREASE (Warrant held and cancelled.)

18. Restored after discontinuance because in a public institution? No ____ Yes X. If yes, date of release 11-11-52
 If "Yes" was automatic restoration authorized?.....No ____ Yes ____ Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. If restored following discontinuance because of employment, enter date of written request for restoration _____, and check one: ☐ Eligibility Established: ☐ Conditional Restoration, Presumptive Eligibility.

21. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

- (a) The above-named is entitled to Old Age Security in amounts specified above. ☒
- (b) Payment as specified above is authorized in accord with appeal decision. ☐
- (c) The above-named applicant is ineligible for the reason stated in Item 16. ☐
- (d) The payee is not entitled to aid beyond the date specified in 17 D above for the reason stated in Item 16. ☐

11-19-52

11-22-52

Signature of Social Worker

Date

Signature of Social Work Supervisor or Director

Date

Approved by the County of _____

Authorized Signature _____

Date 11-23-52

10/52 3

(Note - cut off date 11-21)

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it will be size 8½ x 11

EXHIBIT 3

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE OLD AGE SECURITY

1. DATE 10-10-52 2. COUNTY Fresno CO# 132 ST# 345
3. NAME Exhibit 4 4. CHANGE NAME FROM: _____
5. ADDRESS 1321 - Grand St. Fresno

Payment Data for Months Specified Below		Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
		SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
						One Month Only	Continuing	
6. Effective - Month-Day-Year					XXXXXXXXXX		11-1-52	
7. Total Need					XXXXXXXXXX		80	
8. Total Income (see Item #16)					XXXXXXXXXX		0	
9. Need Minus Income					XXXXXXXXXX		80	
10. Entitled to Receive @ Rate of					XXXXXXXXXX		80	
11. Net Overpayment in Adjustment Period (Specify in Item 16)					XXXXXXXXXX		0	
11a Difference Between 10 & 11					XXXXXXXXXX		80	
12. Amount Previously Authorized					55	XXXXXXXXXXXX	XXXXXXXXXXXX	
13. Amount to be Paid					XXXXXXXXXX		80	
See Bull. Page 3, IIa.	14. Total Federal Excess				0		25	
	14a Excess on Previous Pymt.				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
	14b Excess on this Payment				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column					R		R	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pays All) X or 3 - Non-Federal
FOR ITEM #15. (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks	Reason for Discontinuance
	Sec. 8 CODE 5
	Sec. 8 CODE 8

17. PE ☐ A. NEW - Date of application _____
If transfer, former county _____
(Make no entry in Column 4. Complete Item 19
and 20 when applicable.)

☐ B. RESTORATION (Make no entry in Column 4. Complete Items 18, 19 and 20 when applicable.)

☐ C. ADDITIONAL PAYMENT for current or past month
(Use Columns 1, 2 or 3.)

☐ D. DISCONTINUANCE, effective date _____
(Complete Column 4; also enter codes in Item 16)

☐ E. APPLICATION DENIED (State reason in Item 16.)

☒ F. INCREASE in continuing grant (Complete Columns 4 and 6.)

☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)

☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)

☐ I. SUSPENSION - 'Warrants held from _____)

☐ J. RETROACTIVE DECREASE (Warrant held and cancelled.)

18. Restored after discontinuance because in a public institution? No Yes . If yes, date of release

If "Yes" was automatic restoration authorized?.....No Yes Date

19. Erroneous Denial Date _____, Erroneous Disc. Date _____, Appeal Date Signed _____

20. If restored following discontinuance because of employment, enter date of written request for restoration _____, and check one: ☐ Eligibility Established: ☐ Conditional Restoration, Presumptive Eligibility.

21. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

- (a) The above-named is entitled to Old Age Security in amounts specified above. ☒
- (b) Payment as specified above is authorized in accord with appeal decision. ☐
- (c) The above-named applicant is ineligible for the reason stated in Item 16. ☐
- (d) The payee is not entitled to aid beyond the date specified in 17 D above for the reason stated in Item 16. ☐

Signature of Social Worker	Date	Signature of Social Work Supervisor or Director	Date
----------------------------	------	---	------

Approved by the County of _____ Authorized Signature _____ Date 10-12-52

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE OLD AGE SECURITY

1. DATE 10-10-52 2. COUNTY Fresno CO# 581 ST# 243
 3. NAME Exhibit 5 (a) 4. CHANGE NAME FROM: _____
 5. ADDRESS P.O. Box 81, Selma

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year				XXXXXXXXXX		11-1-52	
7. Total Need				XXXXXXXXXX		85	
8. Total Income (see Item #16)				XXXXXXXXXX		30	
9. Need Minus Income				XXXXXXXXXX		55	
10. Entitled to Receive @ Rate of				XXXXXXXXXX		55	
11. Net Overpayment in Adjustment Period (Specify in Item 16)				XXXXXXXXXX		0	
11. Difference Between 10 & 11				XXXXXXXXXX		55	
12. Amount Previously Authorized				40	XXXXXXXXXXXXX	XXXXXXXXXXXXX	
13. Amount to be Paid				XXXXXXXXXX		55	
14. Total Federal Excess				0		0	
14a Excess on Previous Pymt.				XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	
14b Excess on this Payment				XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column				R		R	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pays All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks Nov. and continuing \$30 OASI Reason for Discontinuance
CODE (15)
CODE 2

17. PE ☐ A. NEW - Date of application _____
If transfer, former county _____
(Make no entry in Column 4. Complete Item 19 and 20 when applicable.)

☐ B. RESTORATION (Make no entry in Column 4. Complete Items 18, 19 and 20 when applicable.)

☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)

☐ D. DISCONTINUANCE, effective date _____
(Complete Column 4; also enter codes in Item 16)

☐ E. APPLICATION DENIED (State reason in Item 16.)

☒ F. INCREASE in continuing grant (Complete Columns 4 and 6.)

☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)

☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)

☐ I. SUSPENSION - Warrants held from _____

☐ J. RETROACTIVE DECREASE (Warrant held and cancelled.)

18. Restored after discontinuance because in a public institution? No ___ Yes ___. If yes, date of release _____
 If "Yes" was automatic restoration authorized?.....No ___ Yes ___ Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. If restored following discontinuance because of employment, enter date of written request for restoration _____, and check one: ☐ Eligibility Established: ☐ Conditional Restoration, Presumptive Eligibility.

21. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:
- (a) The above-named is entitled to Old Age Security in amounts specified above. ☒
 - (b) Payment as specified above is authorized in accord with appeal decision. ☐
 - (c) The above-named applicant is ineligible for the reason stated in Item 16. ☐
 - (d) The payee is not entitled to aid beyond the date specified in 17 D above for the reason stated in Item 16. ☐

10-10-52 10-12-52

Signature of Social Worker _____ Date _____ Signature of Social Work Supervisor or Director _____ Date _____

Approved by the County of _____ Authorized Signature _____ Date 10-13-52

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE OLD AGE SECURITY

1. DATE 10-10-52 2. COUNTY Fresno CO# 581 ST# 243
 3. NAME Exhibit 5 (b) 4. CHANGE NAME FROM: _____
 5. ADDRESS P.O. Box 81, Selma

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year				XXXXXXXXXX		12-1-52	
7. Total Need				XXXXXXXXXX		85	
8. Total Income (see Item #16)				XXXXXXXXXX		45	
9. Need Minus Income				XXXXXXXXXX		40	
10. Entitled to Receive @ Rate of				XXXXXXXXXX		40	
11. Net Overpayment in Adjustment Period (Specify in Item 16)				XXXXXXXXXX		0	
11a. Difference Between 10 & 11				XXXXXXXXXX		40	
12. Amount Previously Authorized				55	XXXXXXXXXXXX	XXXXXXXXXXXX	
13. Amount to be Paid				XXXXXXXXXX		40	
14. Total Federal Excess				0		0	
14a. Excess on Previous Pymt.				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
14b. Excess on this Payment				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column				R		R	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pays All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks December and continuing - OASI \$30 and son's contribution \$15 Reason for Discontinuance See Sec. A CODE 4a
See Sec. B CODE 8

17. PE ☐ A. NEW - Date of application _____ If transfer, former county _____ (Make no entry in Column 4. Complete Item 19 and 20 when applicable.) ☐ E. APPLICATION DENIED (State reason in Item 16.)
- ☐ B. RESTORATION (Make no entry in Column 4. Complete Items 18, 19 and 20 when applicable.) ☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
- ☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.) ☒ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
- ☐ D. DISCONTINUANCE, effective date _____ (Complete Column 4; also enter codes in Item 16) ☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
- ☐ I. SUSPENSION - Warrants held from _____ ☐ J. RETROACTIVE DECREASE (Warrant held and cancelled.)

18. Restored after discontinuance because in a public institution? No ___ Yes ___. If yes, date of release _____
 If "Yes" was automatic restoration authorized?.....No ___ Yes ___ Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. If restored following discontinuance because of employment, enter date of written request for restoration _____, and check one: ☐ Eligibility Established: ☐ Conditional Restoration, Presumptive Eligibility.

21. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

- (a) The above-named is entitled to Old Age Security in amounts specified above. ☒
- (b) Payment as specified above is authorized in accord with appeal decision. ☐
- (c) The above-named applicant is ineligible for the reason stated in Item 16. ☐
- (d) The payee is not entitled to aid beyond the date specified in 17 D above for the reason stated in Item 16. ☐

10-10-52 10-16-52
 Signature of Social Worker Date Signature of Social Work Supervisor or Director Date

Approved by the County of _____ Authorized Signature _____ Date 10-17-52

When this form is printed
 it will be size 8½ x 11

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE OLD AGE SECURITY

1. DATE 10-10-52 2. COUNTY Fresno CO# 581 ST# 243
 3. NAME Exhibit 5 (c) 4. CHANGE NAME FROM: _____
 5. ADDRESS P.O. Box 81, Selma

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year				XXXXXXXXXX	11-1-52	12-1-52	
7. Total Need				XXXXXXXXXX	85	85	
8. Total Income (see Item #16)				XXXXXXXXXX	30	45	
9. Need Minus Income				XXXXXXXXXX	55	40	
10. Entitled to Receive @ Rate of				XXXXXXXXXX	55	40	
11. Net Overpayment in Adjustment Period (Specify in Item 16)				XXXXXXXXXX	0	0	
11. Difference Between 10 & 11				XXXXXXXXXX	55	40	
12. Amount Previously Authorized				40	XXXXXXXXXXXX	XXXXXXXXXXXX	
13. Amount to be Paid				XXXXXXXXXX	55	40	
14. Total Federal Excess				0	0	0	
14a. Excess on Previous Pymt.				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
14b. Excess on this Payment				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column				R	R	R	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pays All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks November and continuing \$30 OASI
December and continuing \$15 contribution from son
 Reason for Discontinuance
Sec. 8 CODE 46
Sec. 8 CODE 8

17. ☐ A. NEW - Date of application _____
 If transfer, former county _____
 (Make no entry in Column 4. Complete Item 19 and 20 when applicable.)
- ☐ B. RESTORATION (Make no entry in Column 4. Complete Items 18, 19 and 20 when applicable.)
- ☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)
- ☐ D. DISCONTINUANCE, effective date _____
 (Complete Column 4; also enter codes in Item 16)
- ☐ E. APPLICATION DENIED (State reason in Item 16.)
- ☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
- ☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
- ☒ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
- ☐ I. SUSPENSION - 'Warrants held from _____)
- ☐ J. RETROACTIVE DECREASE (Warrant held and cancelled.)

18. Restored after discontinuance because in a public institution? No ___ Yes _____. If yes, date of release _____
 If "Yes" was automatic restoration authorized?.....No ___ Yes ____ Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. If restored following discontinuance because of employment, enter date of written request for restoration _____, and check one: ☐ Eligibility Established: ☐ Conditional Restoration, Presumptive Eligibility.

21. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

- (a) The above-named is entitled to Old Age Security in amounts specified above. ☒
- (b) Payment as specified above is authorized in accord with appeal decision. ☐
- (c) The above-named applicant is ineligible for the reason stated in Item 16. ☐
- (d) The payee is not entitled to aid beyond the date specified in 17 D above for the reason stated in Item 16. ☐

10-10-52

10-12-52

Signature of Social Worker _____ Date _____ Signature of Social Work Supervisor or Director _____ Date _____

Approved by the County of _____ Authorized Signature _____ Date 10-13-52

When this form is printed
 it will be size 8½ x 11

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE OLD AGE SECURITY

1. DATE 2-5-53 2. COUNTY Fresno CO# 213 ST# 216
 3. NAME Exhibit 6 4. CHANGE NAME FROM: _____
 5. ADDRESS 1641 - Locust St. Fresno

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year	<u>12-1-52</u>	<u>1-1-53</u>	<u>2-1-53</u>	XXXXXXXXXX		<u>3-1-53</u>	
7. Total Need	<u>80</u>	<u>80</u>	<u>80</u>	XXXXXXXXXX		<u>80</u>	
8. Total Income (see Item #16)	<u>0</u>	<u>0</u>	<u>0</u>	XXXXXXXXXX		<u>0</u>	
9. Need Minus Income	<u>80</u>	<u>80</u>	<u>80</u>	XXXXXXXXXX		<u>80</u>	
10. Entitled to Receive @ Rate of	<u>80</u>	<u>80</u>	<u>80</u>	XXXXXXXXXX		<u>80</u>	
11. Net Overpayment in Adjustment Period (Specify in Item 16)	<u>0</u>	<u>0</u>	<u>0</u>	XXXXXXXXXX		<u>0</u>	
11. Difference Between 10 & 11	<u>80</u>	<u>80</u>	<u>80</u>	XXXXXXXXXX		<u>80</u>	
12. Amount Previously Authorized	<u>70</u>	<u>70</u>	<u>70</u>	<u>70</u>	XXXXXXXXXXXX	XXXXXXXXXXXX	
13. Amount to be Paid	<u>10</u>	<u>10</u>	<u>10</u>	XXXXXXXXXX		<u>80</u>	
See Bull. Page 3, Iia.	14. Total Federal Excess	<u>25</u>	<u>25</u>	<u>15</u>		<u>25</u>	
	14a Excess on Previous Pymt.	<u>15</u>	<u>15</u>	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
	14b Excess on this Payment	<u>10</u>	<u>10</u>	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>		<u>R</u>	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pays All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks _____ Reason for Discontinuance Sec. 8 CODE (5)
Sec. 8 CODE 7

17. PE ☐ A. NEW - Date of application _____ If transfer, former county _____ (Make no entry in Column 4. Complete Item 19 and 20 when applicable.) ☐ E. APPLICATION DENIED (State reason in Item 16.)
- ☐ B. RESTORATION (Make no entry in Column 4. Complete Items 18, 19 and 20 when applicable.) ☒ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
- ☒ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.) ☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
- ☐ D. DISCONTINUANCE, effective date _____ (Complete Column 4; also enter codes in Item 16) ☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
- ☐ I. SUSPENSION - 'Warrants held from _____
- ☐ J. RETROACTIVE DECREASE (Warrant held and cancelled.)

18. Restored after discontinuance because in a public institution? No ____ Yes ____ If yes, date of release _____
 If "Yes" was automatic restoration authorized?.....No ____ Yes ____ Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. If restored following discontinuance because of employment, enter date of written request for restoration _____, and check one: ☐ Eligibility Established: ☐ Conditional Restoration, Presumptive Eligibility.

21. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

- (a) The above-named is entitled to Old Age Security in amounts specified above. ☒
- (b) Payment as specified above is authorized in accord with appeal decision. ☐
- (c) The above-named applicant is ineligible for the reason stated in Item 16. ☐
- (d) The payee is not entitled to aid beyond the date specified in 17 D above for the reason stated in Item 16. ☐

2-6-53

2-7-53

Signature of Social Worker _____ Date _____ Signature of Social Work Supervisor or Director _____ Date _____

Approved by the County of _____ Authorized Signature _____ Date 2-8-53

10/52 3

When this form is printed
it will be size 8½ x 11

EXHIBIT 6

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE OLD AGE SECURITY

12-24-52

1. DATE 12-24-52 2. COUNTY Fresno CO# 392 ST# 625
 3. NAME Exhibit 7 4. CHANGE NAME FROM: _____
 5. ADDRESS 2952 Pine St. Fresno

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year		11-1-52	12-1-52	XXXXXXXXXX			
7. Total Need		95	95	XXXXXXXXXX			
8. Total Income (see Item #16)		10	10	XXXXXXXXXX			
9. Need Minus Income		85	85	XXXXXXXXXX			
10. Entitled to Receive @ Rate of		80	80	XXXXXXXXXX			
11. Net Overpayment in Adjustment Period (Specify in Item 16)		0	0	XXXXXXXXXX			
11a Difference Between 10 & 11		80	80	XXXXXXXXXX			
12. Amount Previously Authorized		70	70		XXXXXXXXXXXX	XXXXXXXXXXXX	
13. Amount to be Paid		10	10	XXXXXXXXXX			
14. Total Federal Excess		25	25				
14a Excess on Previous Pymt.		15	15	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
14b Excess on this Payment		10	10	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column		R	R				

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pays All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks Daughter's contribution \$10 each month

Reason for Discontinuance
 Sec. A CODE (S)
 Sec. B CODE #

17. PE ☐ A. NEW - Date of application _____
 If transfer, former county _____
 (Make no entry in Column 4. Complete Item 19 and 20 when applicable.)

☐ B. RESTORATION (Make no entry in Column 4. Complete Items 18, 19 and 20 when applicable.)

☒ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)

☐ D. DISCONTINUANCE, effective date _____
 (Complete Column 4; also enter codes in Item 16)

☐ E. APPLICATION DENIED (State reason in Item 16.)

☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)

☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)

☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)

☐ I. SUSPENSION - Warrants held from _____

☐ J. RETROACTIVE DECREASE (Warrant held and cancelled.)

18. Restored after discontnuance because in a public institution? No ____ Yes ____ If yes, date of release _____
 If "Yes" was automatic restoration authorized?.....No ____ Yes ____ Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. If restored following discontinuance because of employment, enter date of written request for restoration _____, and check one: ☐ Eligibility Established: ☐ Conditional Restoration, Presumptive Eligibility.

21. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

- (a) The above-named is entitled to Old Age Security in amounts specified above.

(b) Payment as specified above is authorized in accord with appeal decision.

(c) The above-named applicant is ineligible for the reason stated in Item 16.

(d) The payee is not entitled to aid beyond the date specified in 17 D above for the reason stated in Item 16.

☒

☐

☐

☐

12-24-52

12-26-52

Signature of Social Worker _____ Date _____ Signature of Social Work Supervisor or Director _____ Date _____

Approved by the County of _____ Authorized Signature _____ Date **12-27-52**

When this form is printed
it will be size 8½ x 11

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE OLD AGE SECURITY

1. DATE

11-15-52

2. COUNTY

Fresno

CO#

821

ST#

728

3. NAME

Exhibit 8

4. CHANGE NAME FROM:

5. ADDRESS

R.F.D. Box 7, Selma

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year				XXXXXXXXXX		12-1-52	
7. Total Need				XXXXXXXXXX		83	
8. Total Income (see Item #16)				XXXXXXXXXX		15	
9. Need Minus Income				XXXXXXXXXX		68	
10. Entitled to Receive @ Rate of				XXXXXXXXXX		68	
11. Net Overpayment in Adjustment Period (Specify in Item 16)				XXXXXXXXXX		0	
12. Difference Between 10 & 11 Amount Previously Authorized				XXXXXXXXXX		68	
13. Amount to be Paid				70	XXXXXXXXXXXX	XXXXXXXXXXXX	
				XXXXXXXXXX		68	
14. Total Federal Excess				15		13	
14a Excess on Previous Pymt.				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
14b Excess on this Payment				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column				R		R	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pays All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks

Son's continuing contribution \$15

Reason for Discontinuance

Sec. A CODE 45

Sec. B CODE #

17. PE

A. NEW - Date of application

If transfer, former county

(Make no entry in Column 4. Complete Item 19 and 20 when applicable.)

B. RESTORATION (Make no entry in Column 4. Complete Items 18, 19 and 20 when applicable.)

C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)

D. DISCONTINUANCE, effective date

(Complete Column 4; also enter codes in Item 16)

E. APPLICATION DENIED (State reason in Item 16.)

F. INCREASE in continuing grant (Complete Columns 4 and 6.)

G. DECREASE in continuing grant (Complete Columns 4 and 6.)

H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)

I. SUSPENSION - Warrants held from

J. RETROACTIVE DECREASE (Warrant held and cancelled.)

18. Restored after discontinuance because in a public institution?

No

Yes

If yes, date of release

If "Yes" was automatic restoration authorized?

No

Yes

Date

19. Erroneous Denial Date

Erroneous Disc. Date

Appeal Date Signed

20. If restored following discontinuance because of employment, enter date of written request for restoration

and check one:

Eligibility Established:

Conditional Restoration, Presumptive Eligibility.

21. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

(a) The above-named is entitled to Old Age Security in amounts specified above.

(b) Payment as specified above is authorized in accord with appeal decision.

(c) The above-named applicant is ineligible for the reason stated in Item 16.

(d) The payee is not entitled to aid beyond the date specified in 17 D above for the reason stated in Item 16.

Signature of Social Worker

Date

Signature of Social Work Supervisor or Director

Date

Approved by the County of

Authorized Signature

Date

When this form is printed
it will be size 8½ x 11

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE OLD AGE SECURITY

1. DATE 2-13-53 2. COUNTY Fresno CO# 1234 ST# 871
 3. NAME Exhibit 9 4. CHANGE NAME FROM: _____
 5. ADDRESS Box 34, Fowler

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year				XXXXXXXXXX	<u>3-1-53</u>	<u>4-1-53</u>	
7. Total Need				XXXXXXXXXX	<u>100</u>	<u>100</u>	
8. Total Income (see Item #16)				XXXXXXXXXX	<u>15</u>	<u>15</u>	
9. Need Minus Income				XXXXXXXXXX	<u>85</u>	<u>85</u>	
10. Entitled to Receive @ Rate of				XXXXXXXXXX	<u>80</u>	<u>80</u>	
11. Net Overpayment in Adjustment Period (Specify in Item 16)				XXXXXXXXXX	<u>10</u>	<u>0</u>	
11a. Difference Between 10 & 11				XXXXXXXXXX	<u>70</u>	<u>80</u>	
12. Amount Previously Authorized				<u>80</u>	XXXXXXXXXXXX	XXXXXXXXXXXX	
13. Amount to be Paid				XXXXXXXXXX	<u>70</u>	<u>80</u>	
14. Total Federal Excess				<u>25</u>	<u>15</u>	<u>25</u>	
14a. Excess on Previous Pymt.				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
14b. Excess on this Payment				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column				<u>R</u>	<u>R</u>	<u>R</u>	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pays All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks March and thereafter - son's contribution \$15
In March adjust for \$5 overpayment in each of months of Jan. & Feb. Reason for Discontinuance
CODE (S)
CODE #

17. PE ☐ A. NEW - Date of application _____
 If transfer, former county _____
 (Make no entry in Column 4. Complete Item 19 and 20 when applicable.)
- ☐ B. RESTORATION (Make no entry in Column 4. Complete Items 18, 19 and 20 when applicable.)
- ☐ C. ADDITIONAL PAYMENT for current or past month
 (Use Columns 1, 2 or 3.)
- ☐ D. DISCONTINUANCE, effective date _____
 (Complete Column 4; also enter codes in Item 16)
- ☐ E. APPLICATION DENIED (State reason in Item 16.)
- ☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
- ☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
- ☒ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
- ☐ I. SUSPENSION - Warrants held from _____
- ☐ J. RETROACTIVE DECREASE (Warrant held and cancelled.)

18. Restored after discontinuance because in a public institution? No ___ Yes ___ If yes, date of release _____
 If "Yes" was automatic restoration authorized?.....No ___ Yes ___ Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. If restored following discontinuance because of employment, enter date of written request for restoration _____, and check one: ☐ Eligibility Established: ☐ Conditional Restoration, Presumptive Eligibility.

21. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:
- (a) The above-named is entitled to Old Age Security in amounts specified above. ☒
- (b) Payment as specified above is authorized in accord with appeal decision. ☐
- (c) The above-named applicant is ineligible for the reason stated in Item 16. ☐
- (d) The payee is not entitled to aid beyond the date specified in 17 D above for the reason stated in Item 16. ☐

Signature of Social Worker 2-13-53 Date Signature of Social Work Supervisor or Director 2-15-53 Date

Approved by the County of _____ Authorized Signature _____ Date 2-15-53

When this form is printed
 it will be size 8½ x 11

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE OLD AGE SECURITY

1. DATE 1-26-53 2. COUNTY Fresno CO# 1781 ST# 635
 3. NAME Exhibit 10 4. CHANGE NAME FROM: _____
 5. ADDRESS 452 Alta St., Fresno

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year				XXXXXXXXXX	3-1-53	4-1-53	
7. Total Need				XXXXXXXXXX	85	85	
8. Total Income (see Item #16)				XXXXXXXXXX	40	40	
9. Need Minus Income				XXXXXXXXXX	45	45	
10. Entitled to Receive @ Rate of				XXXXXXXXXX	45	45	
11. Net Overpayment in Adjustment Period (Specify in Item 16)				XXXXXXXXXX	10	0	
11a Difference Between 10 & 11				XXXXXXXXXX	35	45	
12. Amount Previously Authorized				50	XXXXXXXXXXXXX	XXXXXXXXXXXXX	
13. Amount to be Paid				XXXXXXXXXX	35	45	
14. Total Federal Excess				0	0	0	
14a Excess on Previous Pymt.				XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	
14b Excess on this Payment				XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column				R	R	R	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pays All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks Spanish American War pension increased from \$35 to \$40 beginning in January \$5 overpayment in January and February Reason for Discontinuance
CODE (F)
CODE B

- 17 PE ☐ A. NEW - Date of application _____
 If transfer, former county _____
 (Make no entry in Column 4. Complete Item 19 and 20 when applicable.)
- ☐ B. RESTORATION (Make no entry in Column 4. Complete Items 18, 19 and 20 when applicable.)
- ☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)
- ☐ D. DISCONTINUANCE, effective date _____
 (Complete Column 4; also enter codes in Item 16)
- ☐ E. APPLICATION DENIED (State reason in Item 16.)
- ☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
- ☒ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
- ☒ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
- ☐ I. SUSPENSION - Warrants held from _____
- ☐ J. RETROACTIVE DECREASE (Warrant held and cancelled.)

18. Restored after discontinuance because in a public institution? No _____ Yes _____. If yes, date of release _____

If "Yes" was automatic restoration authorized?.....No _____ Yes _____ Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. If restored following discontinuance because of employment, enter date of written request for restoration _____, and check one: ☐ Eligibility Established: ☐ Conditional Restoration, Presumptive Eligibility.

21. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

- (a) The above-named is entitled to Old Age Security in amounts specified above. ☒
- (b) Payment as specified above is authorized in accord with appeal decision. ☐
- (c) The above-named applicant is ineligible for the reason stated in Item 16. ☐
- (d) The payee is not entitled to aid beyond the date specified in 17 D above for the reason stated in Item 16. ☐

1-26-53 1-26-53

Signature of Social Worker _____ Date _____ Signature of Social Work Supervisor or Director _____ Date _____

Approved by the County of _____ Authorized Signature _____ Date 1-28-53

(Note - cut off date Jan. 20)

When this form is printed
it will be size 8½ x 11

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE OLD AGE SECURITY

1. DATE 12-4-52 2. COUNTY Fresno CO# 1981 ST# 1242
 3. NAME Exhibit 11 4. CHANGE NAME FROM: _____
 5. ADDRESS 283 Loomis St., Fresno

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year			12-1-52	XXXXXXXXXX		1-1-53	
7. Total Need			91	XXXXXXXXXX		91	
8. Total Income (see Item #16)			50	XXXXXXXXXX		50	
9. Need Minus Income			41	XXXXXXXXXX		41	
10. Entitled to Receive @ Rate of			41	XXXXXXXXXX		41	
11. Net Overpayment in Adjustment Period (Specify in Item 16)			0	XXXXXXXXXX		0	
11a Difference Between 10 & 11			41	XXXXXXXXXX		41	
12. Amount Previously Authorized			0	70	XXXXXXXXXXXX	XXXXXXXXXXXX	
13. Amount to be Paid			41	XXXXXXXXXX		41	
14. Total Federal Excess			0	15		0	
14a Excess on Previous Pymt.			0	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
14b Excess on this Payment			0	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column			R	R		R	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pays All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks Cancel December warrant for \$70 and re-issue Veterans Pension increased from \$21 to \$50 in December Reason for Discontinuance Sec. A CODE (5)
Sec. B CODE 7

17. PE ☐ A. NEW - Date of application _____ If transfer, former county _____ (Make no entry in Column 4. Complete Item 19 and 20 when applicable.) ☐ E. APPLICATION DENIED (State reason in Item 16.)
- ☐ B. RESTORATION (Make no entry in Column 4. Complete Items 18, 19 and 20 when applicable.) ☒ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
- ☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.) ☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
- ☐ D. DISCONTINUANCE, effective date _____ (Complete Column 4; also enter codes in Item 16) ☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
- ☒ J. RETROACTIVE DECREASE (Warrant held and cancelled.) ☐ I. SUSPENSION - Warrants held from _____

18. Restored after discontinuance because in a public institution? No ___ Yes ____ If yes, date of release _____
 If "Yes" was automatic restoration authorized?.....No ___ Yes ____ Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. If restored following discontinuance because of employment, enter date of written request for restoration _____, and check one: ☐ Eligibility Established: ☐ Conditional Restoration, Presumptive Eligibility.

21. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

- (a) The above-named is entitled to Old Age Security in amounts specified above. ☒
- (b) Payment as specified above is authorized in accord with appeal decision. ☐
- (c) The above-named applicant is ineligible for the reason stated in Item 16. ☐
- (d) The payee is not entitled to aid beyond the date specified in 17 D above for the reason stated in Item 16. ☐

12-4-52 12-5-52
 Signature of Social Worker Date Signature of Social Work Supervisor or Director Date

Approved by the County of _____ Authorized Signature _____ Date 12-5-52

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE OLD AGE SECURITY

11-14-52

Fresno

CO# 391

ST# 123

1. DATE 11-14-52 2. COUNTY Fresno CO# 391 ST# 123
 3. NAME Exhibit 12 4. CHANGE NAME FROM: _____
 5. ADDRESS 2135 - 5th St., Fresno

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year				XXXXXXXXXX			
7. Total Need				XXXXXXXXXX			
8. Total Income (see Item #16)				XXXXXXXXXX			
9. Need Minus Income				XXXXXXXXXX			
10. Entitled to Receive @ Rate of				XXXXXXXXXX			
11. Net Overpayment in Adjustment Period (Specify in Item 16)				XXXXXXXXXX			
11a. Difference Between 10 & 11				XXXXXXXXXX			
12. Amount Previously Authorized				68	XXXXXXXXXXXX	XXXXXXXXXXXX	
13. Amount to be Paid				XXXXXXXXXX			
14. Total Federal Excess				13			
14a. Excess on Previous Pymt.				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
14b. Excess on this Payment				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column				R			

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pays All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks **Recipient's earnings exceed need** Reason for Discontinuance **2**
 CODE A _____
 CODE B **1**

17. PE ☐ A. NEW - Date of application _____
 If transfer, former county _____
 (Make no entry in Column 4. Complete Item 19 and 20 when applicable.)
☐ B. RESTORATION (Make no entry in Column 4. Complete Items 18, 19 and 20 when applicable.)
☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)
☒ D. DISCONTINUANCE, effective date 11-30-52
 (Complete Column 4; also enter codes in Item 16)
☐ E. APPLICATION DENIED (State reason in Item 16.)
☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
☐ I. SUSPENSION - 'Warrants held from _____)
☐ J. RETROACTIVE DECREASE (Warrant held and cancelled.)

18. Restored after discontinuance because in a public institution? No _____ Yes _____. If yes, date of release _____
 If "Yes" was automatic restoration authorized?.....No _____ Yes _____ Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. If restored following discontinuance because of employment, enter date of written request for restoration _____, and check one: ☐ Eligibility Established: ☐ Conditional Restoration, Presumptive Eligibility.

21. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

- (a) The above-named is entitled to Old Age Security in amounts specified above. ☐
 (b) Payment as specified above is authorized in accord with appeal decision. ☐
 (c) The above-named applicant is ineligible for the reason stated in Item 16. ☐
 (d) The payee is not entitled to aid beyond the date specified in 17 D above for the reason stated in Item 16. ☒

11-14-52

11-15-52

Signature of Social Worker _____ Date _____ Signature of Social Work Supervisor or Director _____ Date _____

Approved by the County of _____ Authorized Signature _____ Date **11-15-52**

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE OLD AGE SECURITY

1. DATE 10-2-52 2. COUNTY Fresno CO# 1432 ST# 1100
 3. NAME Exhibit 13 4. CHANGE NAME FROM: _____
 5. ADDRESS 472 - 10th St., Fresno

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year			<u>10-1-52</u>	XXXXXXXXXX		<u>11-1-52</u>	
7. Total Need			<u>80</u>	XXXXXXXXXX		<u>80</u>	
8. Total Income (see Item #16)			<u>5</u>	XXXXXXXXXX		<u>5</u>	
9. Need Minus Income			<u>75</u>	XXXXXXXXXX		<u>75</u>	
10. Entitled to Receive @ Rate of			<u>75</u>	XXXXXXXXXX		<u>75</u>	
11. Net Overpayment in Adjustment Period (Specify in Item 16)			<u>0</u>	XXXXXXXXXX		<u>0</u>	
11a. Difference Between 10 & 11			<u>75</u>	XXXXXXXXXX		<u>75</u>	
12. Amount Previously Authorized			<u>0</u>		XXXXXXXXXXXX	XXXXXXXXXXXX	
13. Amount to be Paid			<u>75</u>	XXXXXXXXXX		<u>75</u>	
14. Total Federal Excess			<u>0</u>			<u>0</u>	
14a. Excess on Previous Pymt.			<u>0</u>	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
14b. Excess on this Payment			<u>0</u>	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column			<u>X</u>			<u>X</u>	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pays All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks Verification of \$5 net income from property in Del Norte County not yet available Reason for Discontinuance CODE(S) Sec. A CODE B

- ☐ A. NEW - Date of application _____ If transfer, former county _____ (Make no entry in Column 4. Complete Item 19 and 20 when applicable.)
 ☒ B. RESTORATION (Make no entry in Column 4. Complete Items 18, 19 and 20 when applicable.)
 ☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)
 ☐ D. DISCONTINUANCE, effective date _____ (Complete Column 4; also enter codes in Item 16)
- ☐ E. APPLICATION DENIED (State reason in Item 16.)
 ☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
 ☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
 ☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
 ☐ I. SUSPENSION - Warrants held from _____
 ☐ J. RETROACTIVE DECREASE (Warrant held and cancelled.)

18. Restored after discontinuance because in a public institution? No _____ Yes _____. If yes, date of release _____
 If "Yes" was automatic restoration authorized?.....No _____ Yes _____ Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. If restored following discontinuance because of employment, enter date of written request for restoration 9-2-52, and check one: ☐ Eligibility Established: ☒ Conditional Restoration, Presumptive Eligibility.

21. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

☐ (a) The above-named is entitled to Old Age Security in amounts specified above.
 ☐ (b) Payment as specified above is authorized in accord with appeal decision.
 ☐ (c) The above-named applicant is ineligible for the reason stated in Item 16.
 ☐ (d) The payee is not entitled to aid beyond the date specified in 17 D above for the reason stated in Item 16.

10-3-52 10-5-52

Signature of Social Worker _____ Date _____ Signature of Social Work Supervisor or Director _____ Date _____

Approved by the County of _____ Authorized Signature _____ Date 10-5-52

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE OLD AGE SECURITY

1. DATE

11-14-52

2. COUNTY

Fresno

CO#

1432

ST#

1100

3. NAME

Exhibit 14

4. CHANGE NAME FROM:

5. ADDRESS

472 - 10th St., Fresno

Payment Data for Months Specified Below	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year				XXXXXXXXXX		12-1-52	
7. Total Need				XXXXXXXXXX		80	
8. Total Income (see Item #16)				XXXXXXXXXX		5	
9. Need Minus Income				XXXXXXXXXX		75	
10. Entitled to Receive @ Rate of				XXXXXXXXXX		75	
11. Net Overpayment in Adjustment Period (Specify in Item 16)				XXXXXXXXXX		0	
11a Difference Between 10 & 11				XXXXXXXXXX		75	
12. Amount Previously Authorized				75	XXXXXXXXXXXX	XXXXXXXXXXXX	
13. Amount to be Paid				XXXXXXXXXX		75	
14. Total Federal Excess				0		20	
14a Excess on Previous Pymt.				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
14b Excess on this Payment				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column				X		R	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pays All) X or 3 - Non-Federal (State & County Only) M or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks

Aid conditionally granted effective 10-1-52. Completed investigation shows grant is and has been correct. Participation status only to be changed.

Reason for Discontinuance

CODE (5)
 CODE 5

17. PE

☐ A. NEW - Date of application _____
 If transfer, former county _____
 (Make no entry in Column 4. Complete Item 19 and 20 when applicable.)

☐ B. RESTORATION (Make no entry in Column 4. Complete Items 18, 19 and 20 when applicable.)

☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)

☐ D. DISCONTINUANCE, effective date _____
 (Complete Column 4; also enter codes in Item 16)

☐ E. APPLICATION DENIED (State reason in Item 16.)

☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)

☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)

☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)

☐ I. SUSPENSION - Warrants held from _____

☐ J. RETROACTIVE DECREASE (Warrant held and cancelled.)

18. Restored after discontinuance because in a public institution?

No

Yes

If yes, date of release _____

If "Yes" was automatic restoration authorized?.....

No

Yes

Date _____

19. Erroneous Denial Date _____, Erroneous Disc. Date _____, Appeal Date Signed _____

20. If restored following discontinuance because of employment, enter date of written request for restoration _____, and check one:

☐ Eligibility Established:

☐ Conditional Restoration, Presumptive Eligibility.

21. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

- (a) The above-named is entitled to Old Age Security in amounts specified above.

☐
- (b) Payment as specified above is authorized in accord with appeal decision.

☐
- (c) The above-named applicant is ineligible for the reason stated in Item 16.

☐
- (d) The payee is not entitled to aid beyond the date specified in 17 D above for the reason stated in Item 16.

☐

Signature of Social Worker

11-15-52

Date

Signature of Social Work Supervisor or Director

11-15-52

Date

Approved by the County of _____

Authorized Signature

Date 11-16-52

When this form is printed
 it will be size 8½ x 11

'Certified as a Regulation or
as Regulations) of the

Dept of Social Welfare

(Name of State Agency)

Charles I. Schauland

(Signature)

Director

(Title)

10-31-52

(Date)

INSTRUCTIONS

Date - Enter the date the preparation of the form is initiated.

Name - Enter the case name.

County - Enter name of county, the county case number, if any, and the state number.

SECTION I - Retroactive Claim for Federal Participation on Former Conditional Restoration.

Complete Section I to authorize a retroactive claim for federal participation in Old Age Security payments which have been made "conditionally" following a discontinuance because of employment.

Month - See explanation on the form.

Total Need - This is the total need as established by the completed investigation.

Total Income - This is the total net income as established by the completed investigation.

Eligible to Receive - This is the amount of aid the recipient was eligible to receive for the particular month on the basis of need and income as established by the completed investigation. The facts may establish the amount for the particular month to be the same or to be more or less than the amount conditionally paid for the month.

Change Participation Status from X to: - Enter the appropriate code to indicate the basis on which the claim for reimbursement is to be retroactively adjusted. (Use code legend appearing in Item 15 of Form Ag 278.) Note that the elapsed time between the date the aid was restored "conditionally," and the date of the second action which completes the investigation are important factors in determining the particular code. See Manual Section A-1352, page 3, last paragraph.

Certification - Action by the board of supervisors or their delegated agent is necessary and the authorized signature and date must be entered.

SECTION II

The facts may establish that past payments have been incorrectly claimed on a non-county (N) rather than a regular (R) basis, or vice versa. Facts may also establish that federal participation was claimed whereas claim should have been made on a non-federal (X) basis, etc.

Section II is used to request the audit or accounting section to make the necessary adjustment to correct, retroactively, the incorrect participation status on payments which have been made. Exception: This section is never used to request a retroactive participation adjustment on payments which were made "conditionally" following discontinuance of Old Age Security because of employment. See Section I above.

For each month for which a retroactive participation adjustment is necessary, specify the amount of aid paid for that month. In the column headed "Change Participation Status" enter under "From" the participation code status on which reimbursement has already been claimed, i.e., the code status which has now been determined to be incorrect. Under "To" enter the correct code status.

AUTHORIZATION FOR RETROACTIVE CHANGE IN PARTICIPATION STATUS

Date 1-4-53 Case Name Exhibit 14a County Fresno Co. # 1432 St. # 1100

Section I

☒ Retroactive Claim for Federal Participation on Former Conditional Restoration.

Old Age Security was conditionally restored to the above named, effective 10-1-52 by action on 10-5-52. The payment data for each month for
 (Date) (Date)

which aid has been paid conditionally is as follows:

Month*	Total Need	Total Income	Eligible to Receive	Change Participation Status from X to:
<u>10-1-52</u>	<u>80</u>	<u>5</u>	<u>75</u>	<u>R</u>
<u>11-1-52</u>	<u>80</u>	<u>5</u>	<u>75</u>	<u>R</u>

(*Begin with the first month for which aid was paid conditionally. End with that month which precedes the month shown in Column 6 of Form Ag 278 submitted to change the participation status beginning with a future payment, and to which this form is attached.) *Note - This exhibit would be attached to, and submitted with Exhibit 14.*

I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the county office, is open to inspection by duly authorized state and federal representatives and that to the best of my knowledge and belief the above named was entitled to Old Age Security as specified above.

(Signature of Social Worker)

11-15-52

(Date)

Signature of Social Work Supervisor or Director

11-15-52

(Date)

Approved by the County of _____ Authorized Signature _____

11-16-52

(Date)

Section II

☐ Retroactive Change in Participation Status on Other Than "Conditional Payments"

Change the participation status on payments for which reimbursement has already been claimed as follows:

Month and Year	Amount of Payment	Change Participation Status	
		From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Explain:

From the above, it follows that aid authorizations must be divided into two classes:

1. Those which affect the master deck, i.e., the main payroll which is to be written for the ensuing and subsequent months.
2. Those which do not affect the master deck, i.e., payment for the month in which aid is authorized, and/or prior months; also payment for the coming month if the aid was authorized after the county's cut-off date for additions or changes in the main payroll for the coming month.

Provision is made for this division on Form BL 278

- B. Authorization to Pay, Deny, Suspend, or Discontinue Aid to the Blind, Form BL 278. One copy of this form with a copy of the application should be submitted to the State Department of Social Welfare on all new authorizations. (See Aid to the Blind Manual Sec. B-180)

Aid payments under the Aid to the Blind programs shall be authorized, modified, suspended, or discontinued by the use of one Form BL 278, Authorization to Pay, Deny, Suspend, or Discontinue Aid to the Blind. Form BL 278 shall also be used to authorize denial of an application. Two copies of each form for discontinuances and restorations should be submitted the State Department of Social Welfare. (See Sec. B-666 of the Aid to the Blind Manual.)

I. Purpose of Form BL 278

- a. Authorization of Payment to the Individual in a Specified Amount

Form BL 278 shall be used for the following purposes relating to the payment to the individual:

- (1) To certify to the fact of eligibility and

(a) to authorize aid in any amount for the present month (the month in which the action to grant the aid is taken by the board of supervisors, or by the delegated agent if the board has delegated this authority as provided in the Manual of Fiscal Policies and Procedures, Sec. F-300) or past months.

(b) to add a case to the continuing payroll beginning with a future month.

(c) to authorize a change in the aid payment for future months.

- (2) To certify to the fact of ineligibility and

(a) to authorize denial of an application, or

(b) to authorize discontinuance of aid and to provide information pertinent thereto.

- (3) To authorize suspension of aid while questionable eligibility is investigated. (See Aid to the Blind Manual Sec. B-636)

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14

November 7, 1952

DEPARTMENT BULLETIN NO. 481 (ANB, APSB) (Proposed)

FILED

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of the State of California

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FRANK M. JORDAN, Secretary of State

By *[Signature]*
Assistant Secretary of State

Subject: Procedures for Use of Form Bl 278
Authorization to Pay, Deny, Suspend, or Discontinue Aid to the Blind

A. Introduction

Disbursement of aid authorized to be paid is essentially a machine operation. The payment data for each case to be added to the payroll, and for each case on which the amount of the payment is to be changed, is usually recorded on an addressograph plate or punched on a Hollerith card. (As hereinafter used "plate" connotes either method of recording payment data.) The plates are placed in a file designated as the "Master Deck." This file constitutes the main payroll. As new or reapplications are granted, or aid is restored, new plates are added to the master deck. As cases are discontinued, plates are taken from it. When an authorization changing the amount of the grant, change in type of Aid to the Blind program (or changing participation data) from that already set up in the master deck reaches the disbursing unit, the old plate is pulled. It is replaced by a new plate on which is recorded the data shown on the authorization just received.

When a plate has been placed in the master deck, the recipient continues to receive payment in the amount recorded thereon until the plate is replaced because the amount of the payment, or type of Aid to the Blind, is changed by the submission of another authorization, or the plate is removed because another authorization orders discontinuance of aid.

The disbursing unit, sometime prior to the first day of any month, writes warrants for the main payroll for the coming month, i.e., for each plate in the master deck. If the disbursing unit is other than the county auditor, the disbursing unit shall forward a copy of the payroll to the county auditor's office.

The aid payment for the month in which an application is granted, or restored, and the aid payments for prior months, in no way affect the master deck. No plates are prepared for these payments. The warrants for such months are specially written and mailed to the payees as soon as the warrants are written. A special or supplemental payroll for those payments is prepared. Unless the county auditor disburses the payments a copy of these special or supplemental payrolls shall be forwarded to the county auditor.

There are 7 columns on Form Bl 278. The 7th column is reserved for use by the accounting unit. Remaining columns are used to authorize payments for specific months. By use of appropriate columns, the disbursing unit is told when the authorized payment calls for a change in the master deck, and when it does not. Use of Column 5 is optional with the county. See Appendix I page 1 and 2 for detailed instructions for use of each column.

b. Use of Form Bl 278 for Specific Operations

The various operations with Form Bl 278 are now described as they affect Columns 1 through 6. These instructions are written to apply to payments which are authorized on or before the county's cut-off date for additions or changes in the main payroll for the coming month. If payment for the coming month is authorized after the county's cut-off date, enter payment data for the first month following that in which the aid is authorized in Column 3, data for the month in which aid is authorized in Column 2, then use Column 1 for the preceding month. Under these circumstances, enter payment data for the second month subsequent to that in which the aid is authorized to the right of Column 4, i.e., Columns 5 and/or 6.

(1) New (or reapplication), and Restorations

Detail for the payment to be made beginning with a month following that month in which the aid is authorized shall be entered in Column 6. Depending upon the cut-off date established by the county, Column 6 will be used for the month immediately following that in which the payment is authorized, or Column 6 will be used to record payment data for the second month thereafter. Payments for months previous to that recorded in Column 6 shall be set up in Columns 1 through 3 in reverse chronological order. Payment data for a partial month is never recorded in Column 6.

The amount of aid to be paid for the coming month may have to be changed to a different amount beginning with the month which follows the coming month. If the county uses Column 5, record the payment data for the coming month in that column. (This means that no master deck plate will be made for this one month's payment. Instead the check for this one month will be specially written, and appear on a supplemental payroll.) In Column 6 record payment data for the second month following that month in which authorization action is taken. If the county does not use Column 5, enter in Column 6 the payment data which will remain in effect for one month only. Prepare a second Form Bl 278 showing in Column 6 the necessary grant change to be effective with the month thereafter. In Column 4 of this second form enter payment data from Column 6 of the first form.

There is never an entry in Column 4 for a new or reapplication, or for a restoration because there is no plate for such cases in the master deck.

Enter payment data relating to the month in which aid is authorized in Column 3.

If aid is granted for the month prior to that in which the aid is authorized, use Column 2, then Column 1. If additional columns are necessary, use another form. See Appendix I, page 1, under Column 1, 2, and 3 - Supplemental Payroll.

b. State and Federal Participation in Payments to Individuals

Item 15 of Form Bl 278 shall be used:

- (1) To report participation status in the payments authorized to be made to individuals for specified months.
- (2) To report a change in the participation status effective with a coming month such as:
 - a. a change from federal to non-federal participation for a payee who is removed from his own home to a boarding home licensed by the Department of Mental Hygiene, or from non-federal to federal participation for a payee who removes from such a home to his own home. (See Aid to the Blind Manual Sec. B-752)
 - b. a change from non-county to regular, or vice versa.
- (3) To report a program change, such as a transfer from Aid to Needy Blind to Aid to Partially Self-supporting Blind or vice versa.

(Form Bl 278(A), Authorization for Retroactive Change in Participation Status, is used to report any necessary correction in the participation status of payments already made.)

c. Change in Name

Form Bl 278 shall be used to report a change in name of the payee because of marriage, guardianship, etc., or to correct an error in the name as it appeared on the last authorization. (Form Bl 278 is not used to report a change in address.)

II. How Form Bl 278 is to be Prepared

a. General Instructions

The form may be prepared in pencil copy by the social worker and typed later in the number of copies required by the particular county for payment and claim reconciliation purposes and for submission to the State Department of Social Welfare as required by the Aid to the Blind Manual Secs. B-180 and B-666. Instructions for completion of the numbered items on the form appear in Appendix I.

Note that completion of Items 14, 14a, and 14b relating to federal excess is optional with the county. The information called for in these items relating to the amount of federal excess is essential for claiming purposes. The county may require this information to be entered by the social worker, by accounting or audit staff, or they may elect to make no entry on the form for these items. In the latter case, the county shall make provision elsewhere for accurate determination and recording of the necessary information.

The social worker shall designate the appropriate participation code in Item 15 for each column in which payment data is entered. A copy of the completed Form Bl 278 showing completed payment data, signature, and authorization shall be filed in the individual case record with the appropriate number of copies submitted to the State Department of Social Welfare.

Example 4: It is known on October 10 that the grant is to be increased from \$55 to \$90 effective November 1 because the recipient received his last disability insurance payment in October. The increase is authorized on October 12.

Exhibit 4: In Column 6 enter the data relating to the November payment. Make no entry in Column 5. In Column 4 is shown the payment data which appeared in Column 6 of the last Form BL 277 submitted.

Example 5: It is known on October 10 that the grant is to be increased from \$40 to \$55 for the month of November only, and that the continuing payment must be decreased to \$40, effective December 1. The increase effective November 1 and the decrease effective December 1 are authorized in October, prior to the cut-off date for changes in the November payroll.

The county does not use Column 5.

Exhibit 5(a): In Column 6 enter the data relating to the November payment. In Column 4 is shown payment data from Column 6 of the last Form BL 277 submitted.

Exhibit 5(b): Prepare another Form BL 278 for the payment to be made for December and subsequent months. The payment data for December is entered in Column 6. In Column 4 is entered the payment data from Column 6 of the form on which the November payment was authorized i.e., the last authorization submitted.

Exhibit 5(c): The county uses Column 5.

In Column 6 enter the data relating to the December payment. In Column 5 enter the payment data for November. In Column 4 is shown the payment data which appeared in Column 6 of the last Form BL 278 submitted.

If the increased payment is to be effective for the month in which the increase is authorized and for future months, complete Columns 6 and 4 as outlined above. (No entry is made in Column 5 unless the payment being authorized for the coming calendar month is to be changed effective with the month thereafter and the county has elected to use Column 5.) Enter data relating to the payment for the month in which the increase is authorized in Column 3. The amount shown in this column for Item 13 is the additional amount the disbursing unit will pay for that month. If the increased payment is for months prior to the month in which the payment is authorized, use Column 2, then Column 1.

Example 6: In February (before the cut-off date for March payroll changes) it is discovered that the recipient is receiving less aid than he should because his income from earnings decreased the previous November (monthly earnings decreased to \$45 from \$60 effective November 1). The facts establish that he has been eligible for \$10 additional aid beginning with December, the month in which he reported that his earnings had decreased.

Example 1: A new application is signed on September 10. It is granted in October, effective from October 1. This action is taken prior to the county's cut-off date for the November payroll.

Exhibit 1: Column 6 is completed for the November payment. No entry is made in any other column except Column 3, which is completed for the October payment.

Example 2: An application signed on July 8, is granted on December 26, after the county's cut-off date for the January payment. Aid is to be paid beginning with October, the first of the month in which the 90th day occurs after the date the application was signed.

Exhibit 2: Column 6 is completed for the payment effective 2/1/53; no entry is made in Columns 5 or 4; Column 3 is completed for the January payment; Column 2 is completed for the December payment, and Column 1 for the November payment. Use Column 3 of a second sheet of the form for October. Leave all other columns on the second sheet blank. Item 21 of the second sheet must be completed showing signature and date of authorization. It must be stapled to the first page of the form.

Example 3: On November 19, a former recipient whose aid was discontinued effective March 31 because of hospitalization reports that he was released from the county hospital on November 11. Restoration of aid effective November 11 is authorized on November 23, (after the cut-off date for the December main payroll.)

Exhibit 3: In Column 6 record the data relating to the aid to be paid for January. No entry is made in Columns 4 and 5. In Column 3 record the payment data for December. In Column 2 record the payment data for the partial month payment to be made for November. The amount entered in Column 2 for Item 13 will be 20/30ths (the number of days for which payment is to be made divided by the number of days in the month of November) of the monthly rate (Item 10).

(2) Increase in Aid Payment

If the increased payment is to be effective with a month following the month in which the increase is authorized, and payment in the same amount is to continue, enter data relating to the new payment in Column 6. (This tells the disbursing unit to add a new plate to the master deck.) Leave Column 5 blank. (If the increase is authorized after the county's cut-off date for changes on the main payroll for the coming month see page 4, Item II b)

Enter in Column 4 the payment data which appeared in Column 6 of the last Form BL 278 transmitted. This tells the disbursing unit to delete the old plate from the master deck. (The deleted plate is replaced by the new plate punched according to the data entered in Column 6 of the Form BL 278 not transmitted.)

If the county uses Column 5, enter the payment for the coming month in Column 5, and enter the payment data for the second month following that in which the aid is authorized in Column 6. In Column 4 enter payment data from Column 6 of the last authorization transmitted.

If the county disregards Column 5, enter the payment data for the coming month in Column 6. Make no entry in Column 5. In Column 4 enter payment data from Column 6 of the last Form BL 278 submitted. Prepare another Form BL 278 to authorize aid for the second month following that in which the aid is authorized. Use Column 6 of this second form to record the payment data for such second month. In Column 4 record payment data for Column 6 of the last form transmitted, i.e., the form which authorized payment for the first month following that in which the authorized action is taken.

Example 9: Aid is to be decreased for March to adjust for overpayment in January and February and is to be increased effective April 1. These grant changes are authorized in February. Authorization occurs before the county's dead line date for changing the main payroll for March.

Exhibit 9: The county uses Column 5 of the form.

In Column 5 enter the payment data for March. In Column 6 enter the payment data for April. In Column 4 enter payment data from Column 6 of the last authorization submitted.

The county does not use Column 5.

The decrease for March is recorded in Column 6 of the Form BL 278 and Column 4 of that form is used to record payment data from Column 6 of the last previously submitted authorization form. A second form is prepared to authorize the change effective with the April payment. April payment data is entered in Column 6. In Column 4 appears payment data for Column 6 of the Form BL 278 authorizing the decrease for March.

EXCEPTIONS

- (a) Authorization after the county's cut-off date for changes in the main payroll for the coming month.

If the effective date of the decreased aid payment would normally be the first day of the coming month, but the cut-off date has been reached, proceed as follows:

County uses Column 5.

In Column 5 enter the data for the payment to be made for the second calendar month following that in which the decrease is authorized. In Column 6 enter the payment data for the payment to be made beginning with the third calendar month subsequent to the month aid is authorized. In Column 4 enter the data which appeared in Column 6 of the last authorization submitted.

Exhibit 6: In Column 6 enter the data relating to the new amount he is to receive in March. There is no entry in Column 5. In Column 4 enter the payment data from Column 6 on the last authorization transmitted. In Column 3 enter the data for the additional payment for February, use Column 2 for January; Column 1 for December.

If the amount of the continuing aid authorized on the last Form Bl 278 submitted remains correct (no change in the master deck is necessary) but additional aid is due for the current or past months, no entry is made in Columns 6, 5, and 4. Use Column 3 first, then Column 2, and then Column 1 to record the data relating to the additional aid to be paid for the specific months.

Example 7: In December it is determined that the recipient is due additional aid for November and December only. (Due to serious illness he did not report the extra need which began in November, until December.) The additional payments for November and December are authorized in December.

Exhibit 7: No entry is made in Columns 6 or 5 or in Column 4 (because the amount of aid last authorized remains correct for the continuing payments, thus no change is to be made in the master deck). In Column 3 enter the data relating to the additional payment for December. In Column 2 enter the data for November.

(3) Decrease in Aid Payments

Subject to the "exceptions" stated below the following instructions govern.

The decreased payment will be effective with a month following the month in which the decrease is authorized.

- (a) If the decrease represents the amount to be paid for the coming and subsequent months, enter data relating to the new payment in Column 6; make no entry in Column 5. Enter in Column 4 the payment data which appeared in Column 6 of the last Form Bl 278 submitted. (This tells the disbursing unit to delete a plate from the master deck. The deleted plate is replaced by a new plate punched according to the data in Column 6 of the decrease authorization now transmitted.)

Example 8: It is known on November 15 that a recipient will begin to receive continuing income in December. A decrease in the aid payment effective December 1 is authorized on November 17 before the cut-off date for changes in the December payroll.

Exhibit 8: Enter in Column 6 the data relating to the December payment. In Column 4 show the data which appeared in Column 6 of the last Form Bl 278 submitted.

- (b) Aid may have to be decreased for the coming month and changed to a different amount (either more or less than the amount authorized for the coming month) effective with the month thereafter.

(b) Deadline Date for "Holds"

Warrants for the main payroll as reflected by the master deck are written in advance of the month for which they are due. Delivery of warrants written in accord with the master deck can be withheld by issuance of a "hold notice," provided such hold notice is received by the county's dead line date for "holds." This date is usually one or two days before the warrants are due to be placed in the mail.

Suppose the county learns that the grant for the coming month should be decreased or discontinued, and the cut-off date for master deck changes has passed. The dead line for submission of "hold" notices has not been reached. In accord with the county's usual procedure a "hold" notice is issued, and the disbursing unit is requested to cancel the warrant which has been issued but not delivered. The disbursing unit is then requested to discontinue aid, or to reissue the cancelled warrant in a lesser amount. This is done by submitting a Form Bl 278.

If aid is to be discontinued see Section (4) below.

If the cancelled warrant is to be reissued in a lesser amount, complete Column 3 showing the new payment data for the month for which the warrant was cancelled. For Item 12 "Amount Previously Authorized" enter "0."

Column 4, 5, and 6 are completed only if the amount for coming months is to be changed from the amount shown in Column 6 of the last authorization transmitted.

Form Bl 278 authorizing reissuance of a cancelled warrant shall be accompanied by the county's notification to cancel the withheld warrant.

Example 11: On November 28 a "hold" is placed against the December warrant which is ready for delivery. It is to be cancelled and reissued in a lesser amount, and the grant for January and subsequent months is to be paid in the same lesser amount. These actions are authorized in December.

Exhibit 11: In Column 6 enter payment data for January. Make no entry in Column 5. In Column 4 enter payment data from Column 6 of the last authorization submitted. In Column 3 enter the payment data on which reissuance of the cancelled warrant for December is based, showing "0" for Item 12.

It is not necessary to cancel and reissue a held warrant if the facts establish that the recipient is eligible to receive aid in a greater amount. The withheld warrant is released and Form Bl 278 authorizing supplemental aid for the particular month is submitted. See Page 5, Item II b (2).

County does not use Column 5.

Prepare one authorization form for the payment to be made for the second calendar month following that in which the decrease is authorized. Complete Column 6 for that month's payment, and enter in Column 4 the payment data from Column 6 of the last authorization transmitted.

Prepare another Form BI 278 to authorize the payment to be made beginning with the third calendar month, subsequent to the month in which the payment described in the previous paragraph was authorized. Show payment data for such third month in Column 6. In Column 4 show payment data for Column 6 of the authorization form described in the preceding paragraph.

When determining the amount of aid to be paid effective with the second calendar month following the month in which the decrease is initiated, take into consideration:

1. Any overpayment which occurred in the month in which the decrease is authorized (except overpayment in that month of \$2 or less).

and

2. Any overpayment which will occur in the next calendar month (except overpayment in that month of \$2 or less.)

Remember that the recipient will receive a check on the first of the next calendar month in accord with the last authorization i.e., the amount on the plate now in the master deck. That authorization is for a larger grant than the facts now establish as the eligible amount. Thus overpayment will occur.

Example 10: On January 26 the county learns that the recipient's Spanish American War pension increased from \$35 to \$40 beginning with the January payment. Need is such that \$5 overpayment resulted. The grant change is authorized January 28.

The County uses Column 5.

Exhibit 10: Record payment data for the March decrease in Column 5. In Column 6 enter the payment data for April. (In the absence of a change in circumstances aid will be increased effective April 1.) In Column 4 record the data which appeared in Column 6 of the last authorization transmitted.

The County does not use Column 5.

Prepare two authorization forms, one for the decrease effective March 1, and the second for the increase effective April 1. See paragraphs 1 and 2 above.

(4) Discontinuance of Aid

Check the box preceding Item 17 D and enter the effective date of discontinuance (the last day of the last month for which payment was made).

In Column 4, enter payment data from Column 6 of the last Form Bl 278 transmitted. For all discontinuances, enter the code(s) for each applicable Reason for Discontinuance opposite "Sec. A ~~Code~~" in Item 16; enter the explanation for all codes which call for "specify" in Item 16 opposite "Remarks." For all discontinuances except those due to death, enter opposite "Sec. B ~~Code~~" in Item 16, the code for the first applicable item appearing on the list entitled "Material Change in Economic Circumstances of Cases Discontinued." See Appendix II for codes. See Exhibit 12.

C. Effective and Operative Dates:

This bulletin shall become effective December 1, 1952, and be operative by December 31, 1953. This will enable counties to shift from the existing to the new authorization procedure beginning with the payment for any month designated by the county within the calendar year of 1953.

It is recognized that fiscal procedures in some counties may be such that some modification of the authorization plan as herein set forth may be necessary. The department will approve an authorization plan submitted by an individual county to meet local conditions if such plan conforms to the general principles of authorization procedure as set forth herein; contains all necessary information and provides effective controls. Any county wishing to use a modified authorization plan must submit it not later than July 1, 1953 to the State Department of Social Welfare for analysis and decision.

Very sincerely yours,

Charles I. Schottland,
Director

Attachment

Column 4 - LAST AUTHORIZATION: This column is used to inform the disbursing unit that a plate is to be removed from the master deck, i.e., that a person and a payment amount are to be deleted from the last main payroll. This column is completed when payment is discontinued; when aid is increased or decreased for a future month, whether for one month only or on a continuing basis; when there is a change in participation in a future month. The entries in this column are taken from Column 6 of the last Form Bl - submitted. (No entry is made in this column for a new application, restoration, or transfer from one program of Aid to the Blind to the other.)

Column 5 - NEW AUTHORIZATION - ONE MONTH ONLY: Use of this column is optional with county. It is provided for those counties whose accounting control procedures are such that duplicate payments will not occur if this column is used, and reconciliation will not be adversely affected. The column provides for:

(1) change in payment (either increase or decrease) for one month only, the payment for the month thereafter to either revert to the old amount, or change to another amount; (2) payment for a partial month in the rare case in which payment will be less than for the full month, (i.e., aid is granted in October to be effective beginning October 9, the date the application was signed). If Column 5 is used, both Columns 4 and 6 shall also be completed unless the case is a new application or restoration, in which event no entry would be made in Column 4.

Column 6 - NEW AUTHORIZATION - CONTINUING: Column 6 always reflects the amount to be paid on the main payroll for the future month specified, and for each month thereafter until the grant is changed or discontinued by the submission of another Form Bl 228. If the county does not elect to use Column 5 and the entry in Column 6 is for one month only, the grant change for the month following that specified in Column 6 must be submitted on another Form Bl 228.

Column 7 - ACCOUNTING USE ONLY: If the county elects to disregard Column 5, this column would be used by the accounting or disbursing unit for an authorization for the coming month intended to be included, but received too late to be included on the main payroll. In such an instance, the same payment data as shown in Column 6 would be entered in Column 7 for the month subsequent to that shown in Column 6. The payment for the month specified in Column 6 would then be specially written and reflected on a supplemental payroll.

6. Effective - Month-Day-Year: Enter the effective date in each column completed.

7. Total Need - ANB: Enter total need in each column for which a payment entry is made. In APSB the amount entered in this column will be the amount of the maximum grant.

8. Total Income: Enter the total amount of ^{net} income for each month for which an entry is made in Columns 1 through 3 to be received in the months specified in Columns 5 and 6. In Item 16 record each amount of income received, its source and month in which received. ^{deductible}

9. Need Minus Income - ANB: Subtract the amount of deductible income included in Item 8 from Item 7 and enter the balance. In APSB cases, this item will be used only if there is deductible income to be considered. ^{deductible and non-deductible income}

APPENDIX I

INSTRUCTIONS FOR COMPLETING AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO THE BLIND, FORM 278

1. Date: Enter the date on which the form is initiated by the social worker.
2. County: Enter the county name. Co.# - Enter the county case number. St.# - Enter the state number assigned to the case.
3. Name: Enter the name as it should appear on the warrant (given name or initials first, then surname). In case of guardianship of the estate, enter the guardian's name first i.e., John Doe, Guardian of Richard Roe. If name has to be changed because of marriage, guardianship, or to correct an error, insert changed name.
4. Change Name From: Make an entry here only when a change in name is being authorized. Insert name as it appeared on the last authorization transmitted.
5. Address: If, in the absence of a street address, there is a P. O. Box number, RFD, or General Delivery designation, such designation precedes the name of the city or town. If a guardian is shown for Item 3, enter the address of the guardian. Enter the name of the state, if living out of California, otherwise no state designation is necessary. This form cannot be used to change an address. Use the county's change of address procedure to report change or correction in address.

Type of Aid: Check the Aid to the Blind program for which action is being taken.

Payment Data for Months Specify Below: This section of the form consists of 7 columns, the 7th being reserved for use of the accounting unit. Columns 1 through 6 are used to authorize payment for specific months as follows:

Column 1, 2 and 3 - SUPPLEMENTAL PAYROLL: These columns are used (1) to record payment data for the current or past month; (2) to record data for the coming month if payment is authorized after the county's cut off date for changing the main payroll for the coming month; (3) to record payment data in the rare case in which payment will be for a partial month (if the county elects to use Column 5 the data for such partial month may be entered in that column - see "Column 5" on page 2); (4) to record payment data for a retroactive decrease (i.e., a cancelled warrant is reissued in a smaller amount).

Payments for months specified in Column 1, 2 and 3, do not appear on the main payroll for the particular months. They are shown on supplemental payrolls.

Columns 1, 2, and 3 shall be used in reverse chronological order. Column 3 is used for the current or most recent month; Column 2 for the next most recent month; etc. If necessary to use more than 3 columns, use an additional form entering payment data in Columns 1, 2, or 3, as needed, on the second form. Do not make any entry in Columns 4, 5, or 6 of the second form. Otherwise it is completed in every detail, including the signature and date in Item 20. It must be stapled to the first page of the form.

If a supplemental payment is being authorized, and if federal participation was available in the previous payment, enter the amount by which the figure in Item 12 exceeds \$55. (Exceeded \$50 for months prior to October 1952.)

14b.* Excess on This Payment - ANB: Enter the difference between 14 and 14a.

If it is determined that supplemental payment is due for a previous month, Items 11a through Item 15 would be completed in ANB cases as follows: (As there is no federal participation in APSB cases items 14, 14a and 14b will not be completed for APSB.)

Federal participation was available in the October 1952 payment. In December a supplemental payment is authorized for June.

Federal participation was available in the January 1953 payment. In May a supplemental payment is authorized for January.

Federal participation was not available in the February 1953 payment. In April a supplemental payment is authorized for February.

Item 11a	90	70	90
12	75	60	75
13	15	10	15
14	35	5	0
14a	20	5	0
14b	15	0	0
15	R	X	X

15. Code for Participation: Consult code legend immediately below Item 15 and specify appropriate code for each column for which an entry is made.

16. Remarks and Reason for Discontinuance: Always complete this section whenever income, or net overpayment in the current adjustment period, is reported. Otherwise, use the "Remarks" space to state the plan for self-support when aid is being transferred to or being paid under APSB, to explain the reason for a transfer from APSB to ANB, or to explain and clarify unusual situations.

For all discontinuances, enter the code(s) for each applicable Reason for Discontinuance opposite "Code A;" enter the explanation for all codes which call for "specify" opposite "Remarks." For all discontinuances except those due to death, enter opposite "Code B" the code for the first applicable item appearing on the list entitled "Material Changes in Economic Circumstances of Cases Discontinued." See page 1 of Appendix II for codes.

* Completion of this item is optional with the county. If the county elects not to use this item of the form, provision shall be made elsewhere for accurate determination and recording of the necessary information. (See Bulletin 461 page 4 Item IIa.)

10. Entitled to Receive @ Rate of: For ANB enter same amount as in Item 9 if that amount is equal to or less than the statutory maximum. If Item 9 exceeds the statutory maximum enter the figure which represents the statutory maximum. For APSB enter the statutory maximum or the difference between the statutory maximum and any deductible income. The amount entered here is the monthly rate i.e., the amount the recipient is entitled to receive for a full month.
11. Net Overpayment in Adjustment Period: Enter here the amount of overpayment, if any, occurring in the two months preceding the month of adjustment. If underpayment occurred in one of these months enter the net amount of overpayment i.e., the amount of overpayment reduced by the amount of retroactive aid which would otherwise be due to be paid for the month in which underpayment occurred. If there is no overpayment to be deducted enter "0." In Item 16 state the amount of over or underpayment occurring in each of the two preceding months.
- 11a. Difference Between Item 10 and 11: Subtract Item 11 from Item 10. This is the adjusted rate for the particular month.
12. Amount Previously Authorized: Enter here the amount, if any, previously authorized for the particular month. The entry for this item for Columns 1 through 3 will be "0" for all except additional (supplemental) payment for months for which the recipient has already received a payment in some amount. This item will also be "0" when entering data for re-issuance of a cancelled warrant. Item 12 will be completed in Column 4 only when a change in the continuing payroll, or a discontinuance, is being authorized. This item is not to be completed when a transfer between Aid to the Blind programs takes place.
13. Amount to be Paid: Subtract Item 12 from Item 11a.
- 14.* Total Federal Excess - ANB: If federal participation is available enter the amount by which the figure in Item 11a exceeds \$55. If federal participation is not available enter "0" in this space.

Exception for Certain Supplemental Payments: If federal participation was available in a particular previous payment and a supplemental payment for such month is being authorized beyond the period when federal participation would normally be available in that payment, enter the amount by which the figure in Item 12 exceeded \$55, (exceeded \$50 for months prior to October 1952). (See Manual Section F-520, Federal Participation in Aid Payments.)

- 14a.* Excess on Previous Payment - ANB: This entry will be "0" for all cases except supplemental payments. (A supplemental payment is an additional payment for a month for which a payment has already been made in some amount.) This entry will also be "0" when entering data for re-issuance of a cancelled warrant.

* Completion of this item is optional with the county. If the county elects not to use this item of the form, provision shall be made elsewhere for accurate determination and recording of the necessary information. (See Bulletin 481 Page 4 Item IIa.)

- H. Change for One Month Only: If the county has elected to use Column 5, check this item when the action authorizes an increase or decrease for one particular future month only. The payment for the month which follows that month may revert to the amount of last authorization, or change to an amount different from the amount shown in Column 6 of the last Form BL submitted, i.e., Column 4, Item 12. Whenever this item is checked appropriate entry must be made in each of Columns 4, 5, and 6.
- I. Suspension: Check this item if the action authorizes suspension of payment, and enter the month for which the warrant was held beyond the month for which it was due. No entries are made in any columns in the Payment Data section.
- J. Retroactive Decrease: Check this item if the action authorizes a held warrant to be cancelled and reissued in a smaller amount.
- K. Transfer from ANB to APSB or APSB to ANB: Check this item when a transfer is being effected from one Aid to the Blind program to the other. Show the reason for the change under "Remarks," Item 16. Signing of a new application is not required when a transfer is requested from ANB to APSB or vice versa (see Sec. B-220). When transfer is from ANB to APSB, in Column 4 enter payment data from Column 6 of the last ANB authorization transmitted. In Column 6 enter payment data for the new APSB grant. If the transfer is from APSB to ANB, in Column 4 enter payment data from Column 6 of the last APSB authorization transmitted. In Column 6 enter payment data for the new ANB grant.

In Item #17 check the box preceding Item K only and check the box to indicate the program transfer. (Do not check Item A or D.) Complete Item 20 a, by placing an "X" in the appropriate box and in the box at the extreme right of Item 20 a. (Do not check Item 20 d, as transfer from one Aid to the Blind program is not considered to represent a discontinuance.)

18. Complete as directed on the form.

19. If aid is being granted to correct an erroneous denial, check the box immediately preceding "Erroneous Denial" and enter the date the erroneous action was taken. If aid is being restored in order to correct an erroneous discontinuance, check the box immediately preceding "Erroneous Discontinuance" and enter the effective date of the erroneous discontinuance. If aid is being granted to carry out an appeal decision by the State Social Welfare Board, or to adjust an appeal which has been filed but not yet heard or submitted to the State Social Welfare Board, check the box immediately preceding "Appeal" and enter the date the appeal was signed. If the appeal is the result of an erroneous denial, also check the box immediately preceding "Erroneous Denial" and enter the date the erroneous action was taken.

20. Certification and Authorization: Check the appropriate box opposite (a), (b), (c) or (d) and the type of aid under which action is being taken.

The spaces provided for date and signature of the social worker and social work supervisor are used to record the date and certification of these persons to the action specified. The "Authorized Signature" is that of the official who certifies to the action by the Board of Supervisors (signature is that of the county clerk or deputy) or the signature of their duly appointed agent. "Date" is the date of action by the Board or their agent.

17. Type: A check in the appropriate box classifies the change and facilitates claiming procedures.

- A. New: Check the box preceding "A" if the action relates to a new application. Enter the date the application was signed unless the case is a transfer from another county in which case enter "TR" instead of the date of application. If a transfer is involved also state the former county in the space provided. Check the box preceding "A" if the action relates to an application filed following denial or withdrawal of a previous application, or grants aid after discontinuance for a period of more than twelve months (see Aid to the Blind Manual Secs. B-115, B-120 and B-140). Make no entry in any of the remaining boxes even though aid may be granted in varying amounts for current, past and future months.
- B. Restoration: Check the box preceding "B" if aid is being granted following discontinuance by the same county within twelve months prior to the date of request (B-115). Enter the date of request for restoration. (See Sec. B-624.) Make no entry in any of the remaining boxes unless aid is being restored for one month only and is to be discontinued at the end of the month. Under these circumstances check boxes B and D.
- C. Additional Payment for Current or Past Months: Check here if supplemental or retroactive aid is being authorized for the current or past months. If, in addition, a change in the payment for future months is authorized also check appropriate Box F, G, or H.
- D. Discontinuance: Check this item if aid is being discontinued. The effective date of discontinuance shall be shown. For all discontinuances, enter the code(s) for each applicable Reason for Discontinuance opposite "~~Section Code~~ A" in Item 16; enter the explanation for all codes which call for "specify" in Item 16 opposite "Remarks." For all discontinuances except those due to death, enter opposite "~~Section Code~~ B" in Item 16, the code for the first applicable item appearing on the list entitled "Material Change in Economic Circumstances of Cases Discontinued." See page of Appendix II for codes.
- E. Application Denied: Check this box when an application is denied, and enter in Item 16 the reason the applicant was determined to be ineligible.
- F. Increase in Continuing Grant: Check here when the amount to be paid for the month shown in Column 6, Item 13, is more than the amount shown in Column 6 of the last Form Bl 278 submitted i.e., more than shown in Column 4, Item 12. If supplemental or retroactive aid for the current or previous months is being authorized in addition to a change in the grant for future months also check Item 17C.
- G. Decrease in Continuing Grant: Check here when the amount to be paid for the month shown in Column 6, Item 13, is less than the amount shown in Column 6 of the last Form Bl 278 submitted, i.e., less than shown in Column 4, Item 12. Also check Item J if the action authorizes a held warrant to be cancelled and reissued in a smaller amount.

NON-INCOME REASONS:

- Code 9. Subsequent information disproves eligibility originally established--Enter Code 9 if aid was discontinued because subsequent information indicated that the recipient was not eligible for the original grant. Indicate under "Remarks," Item 16 the specific grounds for ineligibility; e.g., age, property, residence, etc. Explain briefly how and when ineligibility was discovered.
- Code 10. Change in law or policy--Enter Code 10 if a change in legal or administrative policy automatically makes the case ineligible at the time of change although previously it was eligible. Specify briefly the nature of the change under "Remarks," Item 16.
- Code 11. Present vision exceeds standard for blindness--Enter Code 11 if aid was discontinued because recipient is not blind within the prescribed degree. However, when conclusive evidence establishes that recipient was not originally eligible as to degree of blindness, enter Code 9.
- Code 12. Refusal after acceptance to comply with established regulations--Enter Code 12 if aid was discontinued because the recipient refused to comply with established regulation; i.e., refusal to supply information, soliciting alms, etc.
- Code 13. Excess property--Enter Code 13 if aid was discontinued because the value of the recipient's real or personal property, or both, exceeds that permitted under the ANB law but the need for assistance is not materially reduced by the added property. If income from the property meets the recipient's needs, enter Code 7.
- Code 14. In county hospital (medical care) more than two months--Enter Code 14 if aid was discontinued because the recipient had received aid for two calendar months after admission to a county hospital for medical care, and report the date of admission under "Remarks," Item 16.
- Code 15. Admitted to county infirmary (custodial care)--Enter Code 15 if aid was discontinued because recipient entered a county infirmary for custodial care; i.e., shelter and maintenance only, and report the date of admission under "Remarks," Item 16.
- Code 16. Admitted to other public institution--Enter Code 16 if aid was discontinued because the recipient entered a public institution other than a county hospital or county infirmary. Report the date of admission and the name of the institution under "Remarks," Item 16.
- In ANB, if federal participation is not available in payments made to the recipient after admission to the public medical institution, state under "Remarks," Item 16, the specific months for which federal participation is not available and give the reason.
- Code 17. Accepted for APSB, ANB or OAS--Enter Code 17 and report the name of the program under which aid is to be granted from date of change under "Remarks," Item 16.

APPENDIX II

Instructions for coding Reason for Discontinuance and Material Change in Economic Circumstances of Cases Discontinued. Form 27 B1, Item 16, Sections A and B.

SECTION A. REASON FOR DISCONTINUANCE OF AID TO RECIPIENT

Enter codes for all applicable reasons for discontinuance which appear on the list. For example, if earnings of spouse (Code 3) and contributions from parents or adult children (Code 5) result in the discontinuance of a case, both Code 3 and Code 5.

Code 1. Death--Enter Code 1 if aid was discontinued because of the death of the recipient, and enter date of death under "Remarks," Item 16. If death occurred in a county hospital or other public institution, enter also the date of admission.

INCOME TO RECIPIENT FROM:

Code 2. Earnings of recipient--Enter Code 2 if aid was discontinued because of earnings of the recipient (including earnings from self-employment).

Code 3. Earnings of spouse--Enter Code 3 if aid was discontinued because of the receipt of support from earnings (including earnings from self-employment) of recipient's husband or wife, whether or not the earnings were considered community property.

Code 4. Other resources of spouse--Enter Code 4 if aid was discontinued because of support from separate income of the spouse; i.e., rental of spouse's separate property, or separate income from any other than earnings of the spouse.

Code 5. Contributions from parents or adult children--Enter Code 5 if aid was discontinued because of the receipt of support from parents or adult children.

Code 6. Contributions from others--Enter Code 6 if aid was discontinued because of contributions from persons other than the spouse, parents or adult children.

Do not enter Code 6 if the income was derived from roomers and/or boarders in the household; discontinuance under these conditions should be reported with Code 2 if the recipient is responsible for management of the household, or with Code 3 if the spouse is responsible for management of the household.

Code 7. Property--Enter Code 7 if aid was discontinued because of receipt of income from real or personal property. Write a brief description of the nature of this income; e.g., rent from dwelling, interest on loan, etc., under "Remarks," Item 16.

Code 8. Other sources--Enter Code 8 if aid was discontinued because of the receipt of income from some source other than those listed for Codes 2 - 7. Write a brief description of such income; e.g., unemployment insurance, old age survivors' insurance, etc., under "Remarks," Item 16.

If an increased contribution is made to the recipient by a person in the home without new employment or increased earnings or increase in other resources, ~~enter~~ Code 6.

Code 3. Allowance, pension, or other payment connected with military service, received by person (including the recipient himself) in home--Enter Code 3 for cases in which the recipient's need for assistance has decreased through the receipt, by any person in the home, of an allowance, pension, or other payment connected with military service, which is given on the basis of service or disability. Include allowances, death gratuities, military insurance, and disability benefits, not only to persons in the armed forces and their dependents, but also to civilian employees and their dependents, as provided for in veterans' legislation; pensions to widows and orphans of veterans of World War I; and payments under the Servicemen's Readjustment Act of 1944 (commonly known as the GI Bill).

Code 4. Increased support from person outside home--Enter Code 4 for cases in which the recipient's need for assistance has decreased because of increased support from a person outside the home. This includes support from relatives outside the home who have not previously contributed, and not only support from relatives whose ability to contribute has increased, but also those who without any change in circumstances have assumed more responsibility for support.

Code 5. Increase in other resources of person (including the recipient himself) in home--Enter Code 5 for cases in which the recipient's need for assistance has decreased by reason of resources other than those specified above. Life insurance benefits (other than military insurance), the inheritance of income-producing property or money, the receipt of old age and survivors' insurance, and increased income from investments of real or personal property, are examples of resources included here.

Do not include resources if the resources were available when the payment was approved, and the payment would not have been made had the resources been known to exist; such cases should be reported with Code 7.

Do not include real or personal property, the value of which has increased beyond the legal maximum, but need is not materially reduced by the income; such cases should be reported with Code 7.

If an increased contribution is made to the recipient by a person in the home without new employment or increased earnings or increase in other resources, the case should be reported with Code 6.

Code 6. Other material change in economic circumstances--Enter Code 6 for cases in which the recipient's need for assistance has decreased for reasons other than those specified above; i.e., cases in which need has decreased with no increase in resources, and cases in which need has been decreased because of marriage of the recipient.

If an increased contribution is made to the recipient by a person in the home without new employment or increased earnings or increase in other resources, the case should be reported with this code.

Code 7. No known material change in economic circumstances--Enter Code 7 for cases in which there is no known change in economic circumstances of cases discontinued; i.e., any non-income reason.

- Code 18. Loss of state residence--Enter Code 18 if aid was discontinued because the recipient has moved out of the state and established residence elsewhere.
- Code 19. Transferred to another County--Enter Code 19 if aid was discontinued because the recipient has moved to another county and the second county has become responsible for the payment of aid. Report the name of the second county under "Remarks," Item 16.
- Code 20. Other reason--Enter Code 20 if aid was discontinued for some reason other than those listed under Codes 1 through 19. Describe the reasons or circumstances for this discontinuance under "Remarks," Item 16. Use Code 20 if recipient was admitted to a private institution (an institution which does not derive support from public funds) only if the recipient would have continued eligible for aid had he not entered the institution.

SECTION B. MATERIAL CHANGES IN ECONOMIC CIRCUMSTANCES OF DISCONTINUED CASES
(EXCLUDE DEATH)

Section B is to be completed for all discontinued cases except those discontinued because of death. If two or more codes in Section B apply in a given case, report the code appearing first on the list. If there has been no material change in the recipient's economic circumstances, enter Code 7, "No known material change in economic circumstances."

This section is designed to provide information on the number of cases in which there was an increase in the income of the individual that would wholly or partly offset the effect of discontinuing assistance.

The changes in economic circumstances reported in Section B may or may not be the cause of the discontinuance reported in Section A. For example, a recipient's grant might be discontinued because increased earnings have made him ineligible. In this case Code 2 would be entered in Section A, and Code 1 would be entered in Section B. On the other hand, if a recipient became ineligible because of a son's contributions and simultaneously had an increase in earnings not sufficient in itself to make him ineligible, Code 5 would be entered in Section A, and Code 1 would be entered in Section B since it appears first in the list.

Unless some preceding code is applicable, cases in which need for assistance has been decreased by the receipt of old age and survivors' insurance, workmen's compensation, and unemployment compensation should be reported as Code 5 or Code 6 of this section.

- Code 1. Employment or increased earnings of recipient--Enter Code 1 for cases in which the recipient's need has decreased because of his employment or an increase in his earnings (including earnings from self-employment). The increase in earnings may be the result of higher wages or fuller employment.
- Code 2. Employment or increased earnings of other person in home--Enter Code 2 for cases in which recipient's need has decreased because of the employment or increased earnings of any other person in the home (including earnings from self-employment). The increase may be the result of higher wages or fuller employment.

AID TO THE BLIND

CODES FOR DISCONTINUANCE OF AID TO ~~INDIVIDUAL RECIPIENTS~~

ITEM 16

SECTION A. REASON FOR DISCONTINUANCE OF AID TO ~~RECIPIENT~~
(Report All Applicable Reasons)

Code

1. Death - Enter date of death under "Remarks," Item 16.

INCOME TO RECIPIENT FROM:

2. Earnings of recipient.
3. Earnings of spouse.
4. Other resources of spouse.
5. Contribution from parents or adult children.
6. Contributions from others.
7. Property - - Specify under "Remarks," Item 16.
8. Other sources - - Specify under "Remarks," Item 16.

NON-INCOME REASONS:

9. Subsequent information disproves eligibility originally established - - Specify under "Remarks," Item 16.
10. Change in Law or Policy - - Specify under "Remarks," Item 16.
11. Present vision exceeds standard for blindness.
12. Refusal after acceptance to comply with established regulations - - Specify under "Remarks," Item 16.
13. Excess property.
14. In County Hospital (medical care) more than two months. Enter date of admission under "Remarks," Item 16.
15. Admitted to County Infirmary (custodial care). Enter date of admission under "Remarks," Item 16.
16. Admitted to other Public Institution. Enter date of admission under "Remarks," Item 16.
17. Accepted for APSB, ANB, OAS - - Specify under "Remarks," Item 16.
18. Loss of state residence.
19. Transferred to another county - - Specify county under "Remarks," Item 16.
20. Other reason - - Explain fully under "Remarks," Item 16.

SECTION B. MATERIAL CHANGE IN ECONOMIC CIRCUMSTANCES OF CASES DISCONTINUED
(EXCLUDE DEATH) (Report Applicable Item Appearing First on List)

Code

1. Employment or increased earnings of the recipient.
2. Employment or increased earnings of other person in the home.
3. Allowance, pension, or other payment connected with Military Service, received by a person (including the recipient himself) in the home.
4. Increased support from person outside the home.
5. Increase in other resources of person (including the recipient himself) in the home.
6. Other material change in economic circumstances (including decreased need without change in resources).
7. No known material change in economic circumstances.

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO THE BLIND

10/11/52

1. DATE 10/11/52 2. COUNTY Fresno CO# 12345 ST# 619
 3. NAME Exhibit 1 4. CHANGE NAME FROM: _____
 5. ADDRESS 1645 J Street, Fresno

Type of Aid	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Type of Aid ☒ ANB ☐ APSPB Payment Data for Months Specified Below	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year			10/1/52	XXXXXXXXXX		11/1/52	
7. Total Need			100	XXXXXXXXXX		100	
8. Total Income (see Item #16)			22	XXXXXXXXXX		22	
9. Need Minus Income			78	XXXXXXXXXX		78	
10. Entitled to Receive @ Rate of Net Overpayment in			78	XXXXXXXXXX		78	
11. Adjustment Period (Specify in Item 16)			0	XXXXXXXXXX		0	
11. Difference Between 10 & 11			78	XXXXXXXXXX		78	
12. Amount Previously Authorized			0		XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
13. Amount to be Paid			78	XXXXXXXXXX		78	
See Bull. Page 11a.	14. Total Federal Excess		23			23	
	14a. Excess on Previous Pymt.		0	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
	14b. Excess on this Payment		23	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column			R			R	

CODE LEGEND FOR ITEM #15. R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pay All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks: (Income--Record each amount of income received--its SOURCE and MONTH in which received, or plan for self-support in transfer from ANB to APSPB or action on APSPB applications.)
Son contributes \$22 October and thereafter

Reason for Discontinuance:
 Section A Code 1
 Section B Code _____

17. YPE ☒ A. NEW - Date of application 9-10-52
 If transfer, former county _____
 (Make no entry in Column 4. Complete Item 19 when applicable.)

☐ B. RESTORATION - Date Requested _____ or, complete Items 18 or 19 if applicable. (Make no entry in Column 4.)

☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)

☐ D. DISCONTINUANCE, effective date _____ (Complete Column 4; also enter codes in Item 16.)

☐ E. APPLICATION DENIED (State reason in Item 16.)

☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)

☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)

☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)

☐ I. SUSPENSION - (Warrants held from _____)

☐ J. RETROACTIVE DECREASE (Warrant held and canceled.)

☐ K. TRANSFER FROM ☐ ANB to APSPB or ☐ APSPB to ANB Complete transfer reason under Item #16.

18. Restored after discontinuance because in a public institution? No _____ Yes _____. If yes, date of release _____
 If "Yes" was automatic restoration authorized?.....No _____ Yes _____ Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

(a) The above-named is entitled to ANB ☒ APSPB ☐ in amounts specified above. ☒

(b) Payment as specified above is authorized in accord with appeal decision. ☐

(c) The above-named applicant is ineligible for ☐ ANB ☐ APSPB for the reason stated in Item 16. ☐

(d) The payee is not entitled to ☐ ANB ☐ APSPB beyond the date specified in 17 D above for the reason stated in Item 16. ☐

10/12/52

10/13/52

Signature of Social Worker _____ Date _____ Signature of Social Work Supervisor or Director _____ Date _____
 Approved by the County of _____ Authorized Signature _____ Date 10/14/52

Form BL 278, December 1952

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO THE BLIND

1. DATE 12/23/52 2. COUNTY Fresno CO# 246 ST# 123
 3. NAME Exhibit 2 4. CHANGE NAME FROM: _____
 5. ADDRESS 1252 Elm Avenue, Fresno

Type of Aid	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Payment Data for Months Specified Below	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year	11/1/52	12/1/52	1/1/53	XXXXXXXXXX		2/1/53	
7. Total Need	95	95	95	XXXXXXXXXX		95	
8. Total Income (see Item #16)	35	20	15	XXXXXXXXXX		15	
9. Need Minus Income	60	75	80	XXXXXXXXXX		80	
10. Entitled to Receive @ Rate of Net Overpayment in	60	75	80	XXXXXXXXXX		80	
11. Adjustment Period (Specify in Item 16)	0	0	0	XXXXXXXXXX		0	
11. Difference Between 10 & 11 amount Previously	60	75	80	XXXXXXXXXX		80	
12. Authorized	0	0	0		XXXXXXXXXX	XXXXXXXXXX	
13. Amount to be Paid	60	75	80	XXXXXXXXXX		80	
14. Total Federal Excess	0	20	25			25	
14a. Excess on Previous Pymt.	0	0	0	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	
14b. Excess on this Payment	0	20	25	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	
15. Code for Participation Enter Code in each Column	X	R	R			R	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pay All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks: (Income--Record each amount of income received--its SOURCE and MONTH in which received, or plan for self-support in transfer from ANB to APBS or action on APBS applications.)
November net income from rentals \$35; December net income from rentals \$20; January and continuing net income from rentals \$15
 Reason for Discontinuance: _____
 Section A Code 1
 Section B Code _____

17. TYPE ☒ A. NEW - Date of application 7/8/52 ☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
 If transfer, former county _____
 (Make no entry in Column 4. Complete Item 19 when applicable.)
☐ B. RESTORATION - Date Requested _____ or, complete Items 18 or 19 if applicable. (Make no entry in Column 4.)
☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)
☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
☐ D. DISCONTINUANCE, effective date _____
 (Complete Column 4; also enter codes in Item 16.)
☐ I. SUSPENSION - (Warrants held from _____)
☐ J. RETROACTIVE DECREASE (Warrant held and canceled.)
☐ E. APPLICATION DENIED (State reason in Item 16.)
☐ K. TRANSFER FROM ☐ ANB to APBS or ☐ APBS to ANB Complete transfer reason under Item #16.

18. Restored after discontinuance because in a public institution? No _____ Yes _____. If yes, date of release _____
 If "Yes" was automatic restoration authorized?.....No _____ Yes _____ Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:
 (a) The above-named is entitled to ANB ☒ APBS ☐ in amounts specified above. ☒
 (b) Payment as specified above is authorized in accord with appeal decision. ☐
 (c) The above-named applicant is ineligible for ☐ ANB ☐ APBS for the reason stated in Item 16. ☐
 (d) The payee is not entitled to ☐ ANB ☐ APBS beyond the date specified in 17 D above for the reason stated in Item 16. ☐

Signature of Social Worker 12/23/52 Date Signature of Social Work Supervisor or Director 12/24/52 Date

Approved by the County of _____ Authorized Signature _____ Date 12/26/52

10/52 7 Note - cut-off date 12/21

When this form is printed
 it will be size 8 1/2 x 11

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO THE BLIND

1. DATE 12/23/52 2. COUNTY Fresno CO# 246 ST# 123
 3. NAME Exhibit 2 4. CHANGE NAME FROM: _____
 5. ADDRESS _____

Type of Aid	☒ ANB	☐ APSB	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Payment Data for Months Specified Below	SUPPLEMENTAL PAYROLL				Last Authorization	New Authorization		Accounting Use Only	
						One Month Only	Continuing		
6. Effective - Month-Day-Year					10/1/52	XXXXXXXXXX			
7. Total Need					95	XXXXXXXXXX			
8. Total Income (see Item #16)					30	XXXXXXXXXX			
9. Need Minus Income					65	XXXXXXXXXX			
10. Entitled to Receive @ Rate of Net Overpayment in					65	XXXXXXXXXX			
11. Adjustment Period (Specify in Item 16)					0	XXXXXXXXXX			
11. Difference Between 10 & 11 Amount Previously					65	XXXXXXXXXX			
12. Authorized					0		XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
13. Amount to be Paid					65	XXXXXXXXXX			
14. Total Federal Excess					0				
14a. Excess on Previous Pymt.					0	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
14b. Excess on this Payment					0	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column					X				

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pay All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks: (Income--Record each amount of income received--its SOURCE and MONTH in which received, or plan for self-support in transfer from ANB to APSB or action on APSB applications.)
October income from rentals \$30

Reason for Discontinuance: _____
 Section A Code _____
 Section B Code _____

17. PE ☒ A. NEW - Date of application 7/8/52
 If transfer, former county _____
 (Make no entry in Column 4. Complete Item 19 when applicable.)
- ☐ B. RESTORATION - Date Requested _____ or, complete Items 18 or 19 if applicable. (Make no entry in Column 4.)
- ☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)
- ☐ D. DISCONTINUANCE, effective date _____ (Complete Column 4; also enter codes in Item 16.)
- ☐ E. APPLICATION DENIED (State reason in Item 16.)
- ☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
- ☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
- ☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
- ☐ I. SUSPENSION - (Warrants held from _____)
- ☐ J. RETROACTIVE DECREASE (Warrant held and canceled.)
- ☐ K. TRANSFER FROM ☐ ANB to APSB or ☐ APSB to ANB Complete transfer reason under Item #16.

18. Restored after discontinuance because in a public institution? No _____ Yes _____. If yes, date of release _____
 If "Yes" was automatic restoration authorized?.....No _____ Yes _____ Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:
- (a) The above-named is entitled to ANB ☒ APSB ☐ in amounts specified above. ☒
- (b) Payment as specified above is authorized in accord with appeal decision. ☐
- (c) The above-named applicant is ineligible for ☐ ANB ☐ APSB for the reason stated in Item 16. ☐
- (d) The payee is not entitled to ☐ ANB ☐ APSB beyond the date specified in 17 D above for the reason stated in Item 16. ☐

12/23/52 12/24/52

Signature of Social Worker _____ Date _____ Signature of Social Work Supervisor or Director _____ Date _____

Approved by the County of _____ Authorized Signature _____ Date 12/26/52

11/21/52

Exhibit 3

See Bull
Page , IIa.

CODE LEGEND
FOR ITEM #15.

Reason for
Discontinuance:
~~Section A~~ Code
~~Section B~~ Code

17 FPE ☐ A. NEW - Date of application _____
If transfer, former county _____
(Make no entry in Column 4. Complete Item 19
when applicable.)

☒ B. RESTORATION - Date Requested 11/9/52 or,
complete Items 18 or 19 if applicable. (Make
no entry in Column 4.)

☐ C. ADDITIONAL PAYMENT for current or past month
(Use Columns 1, 2 or 3.)

☐ D. DISCONTINUANCE, effective date _____
(Complete Column 4; also enter codes in Item 1

☐ E. APPLICATION DENIED (State reason in Item 16.)

18. Restored after discontinuance because in a public institution? No Yes **X**. If yes, date of release 11/11/52

If "Yes" was automatic restoration authorized?.....No **X** Yes Date _____

19.	Erroneous Denial Date	Erroneous Disc. Date	Appeal Date Signed
-----	-----------------------	----------------------	--------------------

20. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

(a) The above-named is entitled to ANB ☐ APSP ☐ in amounts specified above. ☐

(b) Payment as specified above is authorized in accord with appeal decision. ☐

(c) The above-named applicant is ineligible for ☐ ANB ☐ APSP for the reason stated in Item 16. ☐

(d) The payee is not entitled to ☐ ANB ☐ APSP beyond the date specified in 17 D above for the reason stated in Item 16. ☐

Signature of Social Worker _____ Date 11/21/52 Signature of Social Work Supervisor or Director _____ Date 11/22/52

Approved by the County of _____ Authorized Signature _____ Date 11/23/52

(Note - cut-off date--11/21)

When this form is printed
it will be size $8\frac{1}{2}$ x 11

EXHIBIT 3

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO THE BLIND

1. DATE

10/10/52

2. COUNTY

Fresno

CO#

789

ST#

987

3. NAME

Exhibit 4

4. CHANGE NAME FROM:

5. ADDRESS

1666 Grand Avenue, Fresno

Type of Aid	☒ ANB	☐ APSB	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Payment Data for Months Specified Below				SUPPLEMENTAL PAYROLL		Last Authorization	New Authorization		Accounting Use Only
							One Month Only	Continuing	
6. Effective - Month-Day-Year						XXXXXXXXXX		11/1/52	
7. Total Need						XXXXXXXXXX		90	
8. Total Income (see Item #16)						XXXXXXXXXX		0	
9. Need Minus Income						XXXXXXXXXX		90	
10. Entitled to Receive @ Rate of Net Overpayment in						XXXXXXXXXX		90	
11. Adjustment Period (Specify in Item 16)						XXXXXXXXXX		0	
11: fference Between 10 & 11						XXXXXXXXXX		90	
12. Amount Previously Authorized						55	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
13. Amount to be Paid						XXXXXXXXXX		90	
See Bull Page 11a.	14. Total Federal Excess					0		35	
	14a Excess on Previous Pymt.					XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
	14b Excess on this Payment					XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column						R		R	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pay All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks:

(Income--Record each amount of income received--its SOURCE and MONTH in which received, or plan for self-support in transfer from ANB to APSB or action on APSB applications.)

Reason for Discontinuance:

Section A Code /

Section B Code

17

PE

☐

A. NEW - Date of application

If transfer, former county

(Make no entry in Column 4. Complete Item 19 when applicable.)

☐

B. RESTORATION - Date Requested

or,

complete Items 18 or 19 if applicable. (Make no entry in Column 4.)

☐

C. ADDITIONAL PAYMENT for current or past month

(Use Columns 1, 2 or 3.)

☐

D. DISCONTINUANCE, effective date

(Complete Column 4; also enter codes in Item 16.)

☐

E. APPLICATION DENIED (State reason in Item 16.)

☒

F. INCREASE in continuing grant (Complete Columns 4 and 6.)

☐

G. DECREASE in continuing grant (Complete Columns 4 and 6.)

☐

H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)

☐

I. SUSPENSION - (Warrants held from _____)

☐

J. RETROACTIVE DECREASE (Warrant held and canceled.)

☐

K. TRANSFER FROM ☐ ANB to APSB or ☐ APSB to ANB

Complete transfer reason under Item #16.

18. Restored after discontinuance because in a public institution?

No

Yes

. If yes, date of release

If "Yes" was automatic restoration authorized?.....

No

Yes

Date

19.

☐

Erroneous Denial Date

,

☐

Erroneous Disc. Date

,

☐

Appeal Date Signed

20. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

(a) The above-named is entitled to ANB ☒ APSB ☐ in amounts specified above.

(b) Payment as specified above is authorized in accord with appeal decision.

(c) The above-named applicant is ineligible for ☐ ANB ☐ APSB for the reason stated in Item 16.

(d) The payee is not entitled to ☐ ANB ☐ APSB beyond the date specified in 17 D above for the reason stated in Item 16.

Signature of Social Worker

10/10/52

Date

Signature of Social Work Supervisor or Director

10/11/52

Date

Approved by the County of

Authorized Signature

Date

10/12/52

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO THE BLIND

1. DATE 10/10/52 2. COUNTY Fresno CO# 1234 ST# 9877
 3. NAME Exhibit 5 (a) 4. CHANGE NAME FROM: _____
 5. ADDRESS Sanger

Type of Aid	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
☒ ANB ☐ APSB Payment Data for Months Specified Below	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year				XXXXXXXXXX		11/1/52	
7. Total Need				XXXXXXXXXX		95	
8. Total Income (see Item #16)				XXXXXXXXXX		40	
9. Need Minus Income				XXXXXXXXXX		55	
10. Entitled to Receive @ Rate of Net Overpayment in				XXXXXXXXXX		55	
11. Adjustment Period (Specify in Item 16)				XXXXXXXXXX		0	
11a. Difference Between 10 & 11				XXXXXXXXXX		55	
12. Amount Previously Authorized				40	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
13. Amount to be Paid				XXXXXXXXXX		55	
14. Total Federal Excess				0		0	
14a. Excess on Previous Pymt.				XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
14b. Excess on this Payment				XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column				R		R	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pay All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks: (Income--Record each amount of income received--its SOURCE and MONTH in which received, or plan for self-support in transfer from ANB to APSB or action on APSB applications.)
November and continuing \$40 OASI

Reason for Discontinuance:
 Section A Code 1
 Section B Code _____

17. TYPE ☐ A. NEW - Date of application _____ If transfer, former county _____ (Make no entry in Column 4. Complete Item 19 when applicable.)

☐ B. RESTORATION - Date Requested _____ or, complete Items 18 or 19 if applicable. (Make no entry in Column 4.)

☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)

☐ D. DISCONTINUANCE, effective date _____ (Complete Column 4; also enter codes in Item 16.)

☐ E. APPLICATION DENIED (State reason in Item 16.)

☒ F. INCREASE in continuing grant (Complete Columns 4 and 6.)

☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)

☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)

☐ I. SUSPENSION - (Warrants held from _____)

☐ J. RETROACTIVE DECREASE (Warrant held and canceled.)

☐ K. TRANSFER FROM ☐ ANB to APSB or ☐ APSB to ANB Complete transfer reason under Item #16.

18. Restored after discontinuance because in a public institution? No _____ Yes _____. If yes, date of release _____
 If "Yes" was automatic restoration authorized?.....No _____ Yes _____ Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

- (a) The above-named is entitled to ANB ☒ APSB ☐ in amounts specified above. ☒
- (b) Payment as specified above is authorized in accord with appeal decision. ☐
- (c) The above-named applicant is ineligible for ☐ ANB ☐ APSB for the reason stated in Item 16. ☐
- (d) The payee is not entitled to ☐ ANB ☐ APSB beyond the date specified in 17 D above for the reason stated in Item 16. ☐

10/12/52 10/12/52

Signature of Social Worker _____ Date _____ Signature of Social Work Supervisor or Director _____ Date _____

Approved by the County of _____ Authorized Signature _____ Date 10/13/52

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO THE BLIND

1. DATE 10/10/52 2. COUNTY _____ CO# 1234 ST# 9877
 3. NAME Exhibit 5 (b) 4. CHANGE NAME FROM: _____
 5. ADDRESS Sanger

Type of Aid	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Type of Aid ☒ ANB ☐ APSB Payment Data for Months Specified Below	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year				XXXXXXXXXX		12/1/52	
7. Total Need				XXXXXXXXXX		90	
8. Total Income (see Item #16)				XXXXXXXXXX		50	
9. Need Minus Income				XXXXXXXXXX		40	
10. Entitled to Receive @ Rate of Net Overpayment in				XXXXXXXXXX		40	
11. Adjustment Period (Specify in Item 16)				XXXXXXXXXX		0	
11: fference Between 10 & 11				XXXXXXXXXX		40	
12. Amount Previously Authorized				55	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
13. Amount to be Paid				XXXXXXXXXXXXXX		40	
See Bull Page 11a.	14. Total Federal Excess			0		0	
	14a Excess on Previous Pymt.			XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
	14b Excess on this Payment			XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column				R		R	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pay All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks: (Income--Record each amount of income received--its SOURCE and MONTH in which received, or plan for self-support in transfer from ANB to APSB or action on APSB applications.) Reason for Discontinuance: Section A Code Section B Code

17. YPE ☐ A. NEW - Date of application _____ If transfer, former county _____ (Make no entry in Column 4. Complete Item 19 when applicable.) ☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)

☐ B. RESTORATION - Date Requested _____ or, complete Items 18 or 19 if applicable. (Make no entry in Column 4.) ☒ G. DECREASE in continuing grant (Complete Columns 4 and 6.)

☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.) ☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)

☐ D. DISCONTINUANCE, effective date _____ (Complete Column 4; also enter codes in Item 16.) ☐ I. SUSPENSION - (Warrants held from _____)

☐ E. APPLICATION DENIED (State reason in Item 16.) ☐ J. RETROACTIVE DECREASE (Warrant held and canceled.)

☐ K. TRANSFER FROM ☐ ANB to APSB or ☐ APSB to ANB Complete transfer reason under Item #16.

18. Restored after discontinuance because in a public institution? No Yes . If yes, date of release _____
 If "Yes" was automatic restoration authorized?.....No Yes Date _____

19. Erroneous Denial Date _____, Erroneous Disc. Date _____, Appeal Date Signed _____

20. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

- (a) The above-named is entitled to ANB ☒ APSB ☐ in amounts specified above. ☒
- (b) Payment as specified above is authorized in accord with appeal decision. ☐
- (c) The above-named applicant is ineligible for ☐ ANB ☐ APSB for the reason stated in Item 16. ☐
- (d) The payee is not entitled to ☐ ANB ☐ APSB beyond the date specified in 17 D above for the reason stated in Item 16. ☐

10/10/52 10/16/52
 Signature of Social Worker Date Signature of Social Work Supervisor or Director Date
 Approved by the County of _____ Authorized Signature _____ Date 10/17/52

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO THE BLIND

1. DATE 10/10/52 2. COUNTY Fresno CO# 1234 ST# 9877
 3. NAME Exhibit 5 (c) 4. CHANGE NAME FROM: _____
 5. ADDRESS Sanger

Type of Aid	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
☒ ANB ☐ APSB Payment Data for Months Specified Below	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year				XXXXXXXXXX	11/1/52	12/1/52	
7. Total Need				XXXXXXXXXX	95	90	
8. Total Income (see Item #16)				XXXXXXXXXX	40	50	
9. Need Minus Income				XXXXXXXXXX	55	40	
10. Entitled to Receive @ Rate of Net Overpayment in				XXXXXXXXXX	55	40	
11. Adjustment Period (Specify in Item 16)				XXXXXXXXXX	0	0	
11a Difference Between 10 & 11				XXXXXXXXXX	55	40	
12. Amount Previously Authorized				40	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
13. Amount to be Paid				XXXXXXXXXX	55	40	
14. Total Federal Excess				0	0	0	
14a Excess on Previous Pymt.				XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
14b Excess on this Payment				XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column				R	R	R	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pay All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks: (Income--Record each amount of income received--its SOURCE and MONTH in which received, or plan for self-support in transfer from ANB to APSB or action on APSB applications.)
 Reason for Discontinuance: Section A Code 1 Section B Code _____

17. TYPE ☐ A. NEW - Date of application _____ If transfer, former county _____ (Make no entry in Column 4. Complete Item 19 when applicable.)
☐ B. RESTORATION - Date Requested _____ or, complete Items 18 or 19 if applicable. (Make no entry in Column 4.)
☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)
☐ D. DISCONTINUANCE, effective date _____ (Complete Column 4; also enter codes in Item 16.)
☐ E. APPLICATION DENIED (State reason in Item 16.)
☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
☒ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
☐ I. SUSPENSION - (Warrants held from _____)
☐ J. RETROACTIVE DECREASE (Warrant held and canceled.)
☐ K. TRANSFER FROM ☐ ANB to APSB or ☐ APSB to ANB Complete transfer reason under Item #16.

18. Restored after discontinuance because in a public institution? No _____ Yes _____. If yes, date of release _____
 If "Yes" was automatic restoration authorized?.....No _____ Yes _____ Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

- (a) The above-named is entitled to ANB ☒ APSB ☐ in amounts specified above. ☒
 (b) Payment as specified above is authorized in accord with appeal decision. ☐
 (c) The above-named applicant is ineligible for ☐ ANB ☐ APSB for the reason stated in Item 16. ☐
 (d) The payee is not entitled to ☐ ANB ☐ APSB beyond the date specified in 17 D above for the reason stated in Item 16. ☐

Signature of Social Worker _____ Date 10/12/52 Signature of Social Work Supervisor or Director _____ Date 10/12/52

Approved by the County of _____ Authorized Signature _____ Date 10/13/52

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO THE BLIND

1. DATE

2/5/53

3. NAME

Exhibit 6

5. ADDRESS
161 Pacific St., Selma

4. CHANGE NAME FROM:

2. COUNTY

Fresno

CO# 1000

ST#

825

Type of Aid ☒ ANB ☐ AFSB			Payment Data for Months Specified Below			SUPPLEMENTAL PAYROLL			Last Authorization		New Authorization		Accounting Use Only	
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10	Column 11	Column 12	Column 13	Column 14	Column 15

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO THE BLIND

1. DATE

12/24/52

2. COUNTY

Fresno

CO#

0987

ST#

6655

3. NAME

Exhibit 7

4. CHANGE NAME FROM:

5. ADDRESS

1001 Bowden St, Fresno

Type of Aid	☒ ANB	☐ APSB	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Payment Data for Months Specified Below				SUPPLEMENTAL PAYROLL		Last Authorization	New Authorization		Accounting Use Only
							One Month Only	Continuing	
6. Effective - Month-Day-Year				11/1/52	12/1/52	XXXXXXXXXX			
7. Total Need				105	105	XXXXXXXXXX			
8. Total Income (see Item #16)				10	10	XXXXXXXXXX			
9. Need Minus Income				95	95	XXXXXXXXXX			
10. Entitled to Receive @ Rate of Net Overpayment in				90	90	XXXXXXXXXX			
11. Adjustment Period (Specify in Item 16)				0	0	XXXXXXXXXX			
11a Difference Between 10 & 11 Amount Previously				90	90	XXXXXXXXXX			
12. Authorized				80	80		XXXXXXXXXXXX	XXXXXXXXXXXX	
13. Amount to be Paid				10	10	XXXXXXXXXX			
See Bull Page IIa.	14. Total Federal Excess				35	35			
	14a Excess on Previous Pymt.				25	25	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
	14b Excess on this Payment				10	10	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
15. Code for Participation Enter Code in each Column				R	R				

CODE LEGEND FOR ITEM #15.

R or 1 - Regular (Federal, State, & County)

S or 2 - Non-County, Non-Federal (State Pay All)

X or 3 - Non-Federal (State & County Only)

N or 4 - Non-County (State & Federal Only)

If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks:

(Income--Record each amount of income received--its SOURCE and MONTH in which received, or plan for self-support in transfer from ANB to APSB or action on APSB applications.)

Daughter contributes \$10 monthly

Reason for Discontinuance:

Section A Code

Section B Code

17. PE

A. NEW - Date of application

If transfer, former county

(Make no entry in Column 4. Complete Item 19 when applicable.)

B. RESTORATION - Date Requested

or,

complete Items 18 or 19 if applicable. (Make no entry in Column 4.)

☒ C. ADDITIONAL PAYMENT for current or past month

(Use Columns 1, 2 or 3.)

D. DISCONTINUANCE, effective date

(Complete Column 4; also enter codes in Item 16.)

E. APPLICATION DENIED (State reason in Item 16.)

F. INCREASE in continuing grant (Complete Columns 4 and 6.)

G. DECREASE in continuing grant (Complete Columns 4 and 6.)

H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)

I. SUSPENSION - (Warrants held from)

J. RETROACTIVE DECREASE (Warrant held and canceled.)

K. TRANSFER FROM ANB to APSB or APSB to ANB

Complete transfer reason under Item #16.
18. Restored after discontinuance because in a public institution?

No

Yes

If yes, date of release

If "Yes" was automatic restoration authorized?.....No

Yes

Date
19. Erroneous Denial Date

, Erroneous Disc. Date

, Appeal Date Signed
20. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

(a) The above-named is entitled to ANB ☒ APSB ☐ in amounts specified above.

(b) Payment as specified above is authorized in accord with appeal decision.

(c) The above-named applicant is ineligible for ANB ☐ APSB ☐ for the reason stated in Item 16.

(d) The payee is not entitled to ANB ☐ APSB ☐ beyond the date specified in 17 D above for the reason stated in Item 16.
- Signature of Social Worker

12/24/52

Date

Signature of Social Work Supervisor or Director

12/26/52

Date

Approved by the County of

Authorized Signature

Date 12/27/52
- 10/52 7

When this form is printed

it will be size 8 1/2 x 11

EXHIBIT 7

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO THE BLIND

1. DATE
11/15/52
2. COUNTY
Fresno
CO#
128
ST#
56

3. NAME
Exhibit 8
4. CHANGE NAME FROM:

5. ADDRESS
560 Main St, Sanger

Type of Aid	☒ ANB	☐ APSB	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Payment Data for Months Specified Below			SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
							One Month Only	Continuing	
6. Effective - Month-Day-Year						XXXXXXXXXX		12/1/52	
7. Total Need						XXXXXXXXXX		93	
8. Total Income (see Item #16)						XXXXXXXXXX		15	
9. Need Minus Income						XXXXXXXXXX		78	
10. Entitled to Receive @ Rate of Net Overpayment in						XXXXXXXXXX		78	
11. Adjustment Period (Specify in Item 16)						XXXXXXXXXX		0	
1. Difference Between 10 & 11						XXXXXXXXXX		78	
12. Amount Previously Authorized						80	XXXXXXXXXXXX	XXXXXXXXXXXX	
13. Amount to be Paid						XXXXXXXXXX		78	
See Bull Page IIa.	14. Total Federal Excess					25		23	
	14a Excess on Previous Pymt.					XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
	14b Excess on this Payment					XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column						R		R	

CODE LEGEND
FOR ITEM #15.

R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pay All) X or 3 - Non-Federal (State & County Only) M or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks:
(Income--Record each amount of income received--its SOURCE and MONTH in which received, or plan for self-support in transfer from ANB to APSB or action on APSB applications.)
Son's continuing contribution \$15 beginning in December.

Reason for Discontinuance:
Section A Code
Section B Code

TYPE
☐ A. NEW - Date of application _____ If transfer, former county _____ (Make no entry in Column 4. Complete Item 19 when applicable.)
☐ B. RESTORATION - Date Requested _____ or, complete Items 18 or 19 if applicable. (Make no entry in Column 4.)
☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)
☐ D. DISCONTINUANCE, effective date _____ (Complete Column 4; also enter codes in Item 16.)
☐ E. APPLICATION DENIED (State reason in Item 16.)
☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
☒ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
☐ I. SUSPENSION - (Warrants held from _____)
☐ J. RETROACTIVE DECREASE (Warrant held and canceled.)
☐ K. TRANSFER FROM ☐ ANB to APSB or ☐ APSB to ANB Complete transfer reason under Item #16.

18. Restored after discontinuance because in a public institution? No Yes . If yes, date of release _____ If "Yes" was automatic restoration authorized?.....No Yes Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

(a) The above-named is entitled to ANB ☒ APSB ☐ in amounts specified above. ☒
(b) Payment as specified above is authorized in accord with appeal decision. ☐
(c) The above-named applicant is ineligible for ☐ ANB ☐ APSB for the reason stated in Item 16. ☐
(d) The payee is not entitled to ☐ ANB ☐ APSB beyond the date specified in 17 D above for the reason stated in Item 16. ☐

Signature of Social Worker
Date
Signature of Social Work Supervisor or Director
Date

Approved by the County of _____ Authorized Signature _____ Date 11/17/52

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO THE BLIND

1. DATE **2/13/53**
2. COUNTY **Fresno** CO# **554** ST# **345**

3. NAME **Exhibit 9**
4. CHANGE NAME FROM:

5. ADDRESS **Box 34, Fowler**

Type of Aid	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
☒ ANB ☐ APSB							
Payment Data for Months Specified Below	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year				XXXXXXXXXX	3/1/53	4/1/53	
7. Total Need				XXXXXXXXXX	110	110	
8. Total Income (see Item #16)				XXXXXXXXXX	15	15	
9. Need Minus Income				XXXXXXXXXX	95	95	
10. Entitled to Receive @ Rate of Net Overpayment in				XXXXXXXXXX	90	90	
11. Adjustment Period (Specify in Item 16)				XXXXXXXXXX	10	0	
11c Difference Between 10 & 11				XXXXXXXXXX	80	90	
12. Amount Previously Authorized				90	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
13. Amount to be Paid				XXXXXXXXXX	80	90	
14. Total Federal Excess				35	25	35	
14a Excess on Previous Pymt.				XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
14b Excess on this Payment				XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column				R	R	R	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pay All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks: (Income--Record each amount of income received--its SOURCE and MONTH in which received, or plan for self-support in transfer from ANB to APSB or action on APSB applications.)
March and thereafter--son's contribution \$15. In March adjustment for \$5 over-payment in each of the months January and February.

Reason for Discontinuance: **1**
Section A Code _____
Section B Code _____

- 17 PE ☐ A. NEW - Date of application _____ If transfer, former county _____ (Make no entry in Column 4. Complete Item 19 when applicable.)
☐ B. RESTORATION - Date Requested _____ or, complete Items 18 or 19 if applicable. (Make no entry in Column 4.)
☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)
☐ D. DISCONTINUANCE, effective date _____ (Complete Column 4; also enter codes in Item 16.)
☐ E. APPLICATION DENIED (State reason in Item 16.)
- ☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
☒ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
☐ I. SUSPENSION - (Warrants held from _____)
☐ J. RETROACTIVE DECREASE (Warrant held and canceled.)
☐ K. TRANSFER FROM ☐ ANB to APSB or ☐ APSB to ANB Complete transfer reason under Item #16.

18. Restored after discontinuance because in a public institution? No Yes . If yes, date of release _____

If "Yes" was automatic restoration authorized?.....No Yes Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:
- (a) The above-named is entitled to ANB ☒ APSB ☐ in amounts specified above. ☒
- (b) Payment as specified above is authorized in accord with appeal decision. ☐
- (c) The above-named applicant is ineligible for ☐ ANB ☐ APSB for the reason stated in Item 16. ☐
- (d) The payee is not entitled to ☐ ANB ☐ APSB beyond the date specified in 17 D above for the reason stated in Item 16. ☐

Signature of Social Worker **2/13/53** Date Signature of Social Work Supervisor or Director **2/15/53** Date

Approved by the County of _____ Authorized Signature _____ Date **2/15/53**

10/52 7

(Note--cut-of date is 2/19)

When this form is printed
it will be size 8½ x 11

EXHIBIT 9

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO THE BLIND

1. DATE 1/26/53 2. COUNTY Fresno CO# 1010 ST# 99
 3. NAME Exhibit 10 4. CHANGE NAME FROM: _____
 5. ADDRESS 609 Grove St., Fresno

Type of Aid	☒ ANB	☐ APSB	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Payment Data for Months Specified Below				SUPPLEMENTAL PAYROLL		Last Authorization	New Authorization		Accounting Use Only
							One Month Only	Continuing	
6. Effective - Month-Day-Year						XXXXXXXXXX	3/1/53	4/1/53	
7. Total Need						XXXXXXXXXX	95	95	
8. Total Income (see Item #15)						XXXXXXXXXX	40	40	
9. Need Minus Income						XXXXXXXXXX	55	55	
10. Entitled to Receive @ Rate of Net Overpayment in						XXXXXXXXXX	55	55	
11. Adjustment Period (Specify in Item 16)						XXXXXXXXXX	10	0	
11. Difference Between 10 & 11						XXXXXXXXXX	45	55	
12. Amount Previously Authorized						60	XXXXXXXXXXXX	XXXXXXXXXXXX	
13. Amount to be Paid						XXXXXXXXXX	45	55	
14. Total Federal Excess						5	0	0	
14a. Excess on Previous Pymt.						XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
14b. Excess on this Payment						XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column						R	R	R	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pay All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks: (Income--Record each amount of income received--its SOURCE and MONTH in which received, or plan for self-support in transfer from ANB to APSB or action on APSB applications.)
Spanish American War Pension increased from \$35 to \$40 beginning January--\$5 o/p in January and February.
 Reason for Discontinuance: _____
 Section A Code _____
 Section B Code _____

17. PE ☐ A. NEW - Date of application _____ If transfer, former county _____ (Make no entry in Column 4. Complete Item 19 when applicable.) ☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
- ☐ B. RESTORATION - Date Requested _____ or, complete Items 18 or 19 if applicable. (Make no entry in Column 4.) ☒ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
- ☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.) ☒ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
- ☐ D. DISCONTINUANCE, effective date _____ (Complete Column 4; also enter codes in Item 16.) ☐ I. SUSPENSION - (Warrants held from _____)
- ☐ E. APPLICATION DENIED (State reason in Item 16.) ☐ J. RETROACTIVE DECREASE (Warrant held and canceled.)
- ☐ K. TRANSFER FROM ☐ ANB to APSB or ☐ APSB to ANB Complete transfer reason under Item #16.

18. Restored after discontinuance because in a public institution? No _____ Yes _____. If yes, date of release _____
 If "Yes" was automatic restoration authorized?.....No _____ Yes _____ Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

- (a) The above-named is entitled to ANB ☒ APSB ☐ in amounts specified above. ☒
- (b) Payment as specified above is authorized in accord with appeal decision. ☐
- (c) The above-named applicant is ineligible for ☐ ANB ☐ APSB for the reason stated in Item 16. ☐
- (d) The payee is not entitled to ☐ ANB ☐ APSB beyond the date specified in 17 D above for the reason stated in Item 16. ☐

Signature of Social Worker 1/26/53 Date _____ Signature of Social Work Supervisor or Director 1/26/53 Date _____

Approved by the County of _____ Authorized Signature _____ Date 1/28/53

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO THE BLIND

1. DATE 12/4/52 2. COUNTY Fresno CO# 1952 ST# 195
 3. NAME Exhibit 11 4. CHANGE NAME FROM: _____
 5. ADDRESS 512 Gaston St., Fresno

Type of Aid	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
☒ ANB ☐ APSB							
Payment Data for Months Specified Below	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year			12/1/52	XXXXXXXXXX		1/1/53	
7. Total Need			90	XXXXXXXXXX		90	
8. Total Income (see Item #16)			5	XXXXXXXXXX		5	
9. Need Minus Income			85	XXXXXXXXXX		85	
10. Entitled to Receive @ Rate of Net Overpayment in			85	XXXXXXXXXX		85	
11. Adjustment Period (Specify in Item 16)			0	XXXXXXXXXX		0	
1. Differences Between 10 & 11 Amount Previously Authorized			85	XXXXXXXXXX		85	
12. Amount to be Paid			0	90	XXXXXXXXXXXX	XXXXXXXXXXXX	
13. Amount to be Paid			85	XXXXXXXXXX		85	
14. Total Federal Excess			30	35		30	
14a. Excess on Previous Pymt.			0	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
14b. Excess on this Payment			30	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column			R	R		R	

CODE LEGEND R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pay All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks: (Income--Record each amount of income received--its SOURCE and MONTH in which received, or plan for self-support in transfer from ANB to APSB or action on APSB applications.)
Cancel December warrant for \$90. Recipient's earnings increased from \$40 to \$55 in December, deductible income \$5 not eligible APSB
 Reason for Discontinuance: _____
 Section A Code _____
 Section B Code _____

17. PE ☐ A. NEW - Date of application _____ If transfer, former county _____ (Make no entry in Column 4. Complete Item 19 when applicable.)
☐ B. RESTORATION - Date Requested _____ or, complete Items 18 or 19 if applicable. (Make no entry in Column 4.)
☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)
☐ D. DISCONTINUANCE, effective date _____ (Complete Column 4; also enter codes in Item 16.)
☐ E. APPLICATION DENIED (State reason in Item 16.)
☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
☒ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
☐ I. SUSPENSION - (Warrants held from _____)
☒ J. RETROACTIVE DECREASE (Warrant held and canceled.)
☐ K. TRANSFER FROM ☐ ANB to APSB or ☐ APSB to ANB Complete transfer reason under Item #16.

18. Restored after discontinuance because in a public institution? No _____ Yes _____. If yes, date of release _____
 If "Yes" was automatic restoration authorized?.....No _____ Yes _____ Date _____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

- (a) The above-named is entitled to ANB ☒ APSB ☐ in amounts specified above. ☒
- (b) Payment as specified above is authorized in accord with appeal decision. ☐
- (c) The above-named applicant is ineligible for ☐ ANB ☐ APSB for the reason stated in Item 16. ☐
- (d) The payee is not entitled to ☐ ANB ☐ APSB beyond the date specified in 17 D above for the reason stated in Item 16. ☐

Signature of Social Worker 12/4/52 Date _____ Signature of Social Work Supervisor or Director 12/5/52 Date _____
 Approved by the County of _____ Authorized Signature _____ Date 12/5/52

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO THE BLIND

1. DATE

11/14/52

2. COUNTY

Fresno

CO#

332

ST#

51

3. NAME

Exhibit 12

4. CHANGE NAME FROM:

5. ADDRESS

1771 Hyde Place, Sanger

Type of Aid	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
☐ ANB ☒ APSB							
Payment Data for Months Specified Below	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization		Accounting Use Only
					One Month Only	Continuing	
6. Effective - Month-Day-Year				XXXXXXXXXX			
7. Total Need				XXXXXXXXXX			
8. Total Income (see Item #16)				XXXXXXXXXX			
9. Need Minus Income				XXXXXXXXXX			
10. Entitled to Receive @ Rate of				XXXXXXXXXX			
11. Let Overpayment in Adjustment Period (Specify in Item 16)				XXXXXXXXXX			
11a. Differences Between 10 & 11				XXXXXXXXXX			
12. Amount Previously Authorized				90	XXXXXXXXXXXX	XXXXXXXXXXXX	
13. Amount to be Paid				XXXXXXXXXX			
14. Total Federal Excess				0			
14a. Excess on Previous Pymt.				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
14b. Excess on this Payment				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
15. Code for Participation Enter Code in each Column				X			

CODE LEGEND FOR ITEM #15.

R or 1 - Regular (Federal, State, & County)
(State & County Only)

S or 2 - Non-County, Non-Federal (State Pay All)
Non-County (State & Federal Only)

X or 3 - Non-Federal
If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks:

(Income--Record each amount of income received--its SOURCE and MONTH in which received, or plan for self-support in transfer from ANB to APSB or action on APSB applications.)
Recipient reached maximum allowable earnings on November 15. Continuing net earnings are \$190 a month.

Reason for Discontinuance:
Section A Code **2**
Section B Code **1**

17. TYPE

☐ A. NEW - Date of application _____
If transfer, former county _____
(Make no entry in Column 4. Complete Item 19 when applicable.)

☐ B. RESTORATION - Date Requested _____ or, complete Items 18 or 19 if applicable. (Make no entry in Column 4.)

☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)

☒ D. DISCONTINUANCE, effective date **11/30/52**
(Complete Column 4; also enter codes in Item 16.)

☐ E. APPLICATION DENIED (State reason in Item 16.)

☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)

☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)

☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)

☐ I. SUSPENSION - (Warrants held from _____)

☐ J. RETROACTIVE DECREASE (Warrant held and canceled.)

☐ K. TRANSFER FROM ☐ ANB to APSB or ☐ APSB to ANB Complete transfer reason under Item #16.

18. Restored after discontinuance because in a public institution?

No

Yes

If yes, date of release _____

If "Yes" was automatic restoration authorized?.....No

Yes

Date _____

19. Erroneous Denial Date _____, Erroneous Disc. Date _____, Appeal Date Signed _____

20. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:

(a) The above-named is entitled to ANB ☐ APSB ☐ in amounts specified above.

(b) Payment as specified above is authorized in accord with appeal decision.

(c) The above-named applicant is ineligible for ☐ ANB ☐ APSB for the reason stated in Item 16.

(d) The payee is not entitled to ☐ ANB ☒ APSB beyond the date specified in 17 D above for the reason stated in Item 16.

Signature of Social Worker

11/14/52

Date

Signature of Social Work Supervisor or Director

11/15/52

Date

Approved by the County of _____

Authorized Signature _____

Date 11/15/52

AUTHORIZATION TO PAY, DENY, SUSPEND, OR DISCONTINUE AID TO THE BLIND

1. DATE 10/18/52 2. COUNTY Fresno CO# 600 ST# 126
 3. NAME Exhibit 13--Transfer from ANB to APSB 4. CHANGE NAME FROM:
 5. ADDRESS 665 Diamond St., Sanger

Type of Aid	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Type of Aid ☐ ANB ☒ APSB Payment Data for Months Specified Below 6. Effective - Month-Day-Year 7. Total Need 8. Total Income (see Item #16) 9. Need Minus Income 10. Entitled to Receive @ Rate of Net Overpayment in 11. Adjustment Period (Specify in Item 16) 11. Difference Between 10 & 11 Amount Previously 12. Authorized 13. Amount to be Paid 14. Total Federal Excess 14a Excess on Previous Pymt. 14b Excess on this Payment 15. Code for Participation Enter Code in each Column	SUPPLEMENTAL PAYROLL			Last Authorization	New Authorization One Month Only Continuing		Accounting Use Only
				XXXXXXXXXX		11/1/52	
				XXXXXXXXXX		90	
				XXXXXXXXXX		0	
				XXXXXXXXXX		90	
				XXXXXXXXXX		0	
				XXXXXXXXXX		90	
				70	XXXXXXXXXXXX	XXXXXXXXXXXX	
				XXXXXXXXXX		90	
				15		0	
				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
				XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
				R		X	

CODE LEGEND FOR ITEM #15. R or 1 - Regular (Federal, State, & County) S or 2 - Non-County, Non-Federal (State Pay All) X or 3 - Non-Federal (State & County Only) N or 4 - Non-County (State & Federal Only) If status is "N" or 4 also enter date County participation begins in Item 15.

16. Remarks: (Income--Record each amount of income received--its SOURCE and MONTH in which received, or plan for self-support in transfer from ANB to APSB or action on APSB applications.)
Recipient secured sales position with Zellerback Co. and requested transfer November earnings \$110; son's contribution \$5; free rent \$15.
 Reason for Discontinuance: 2, 17
 Section B Code 1

17. PE ☐ A. NEW - Date of application _____ If transfer, former county _____ (Make no entry in Column 4. Complete Item 19 when applicable.)
☐ B. RESTORATION - Date Requested _____ or, complete Items 18 or 19 if applicable. (Make no entry in Column 4.)
☐ C. ADDITIONAL PAYMENT for current or past month (Use Columns 1, 2 or 3.)
☐ D. DISCONTINUANCE, effective date _____ (Complete Column 4; also enter codes in Item 16.)
☐ E. APPLICATION DENIED (State reason in Item 16.)
☐ F. INCREASE in continuing grant (Complete Columns 4 and 6.)
☐ G. DECREASE in continuing grant (Complete Columns 4 and 6.)
☐ H. CHANGE FOR ONE MONTH only (Complete Column 4, 5, and 6.)
☐ I. SUSPENSION - (Warrants held from _____)
☐ J. RETROACTIVE DECREASE (Warrant held and canceled.)
☒ K. TRANSFER FROM ☒ ANB to APSB or ☐ APSB to ANB Complete transfer reason under Item #16.

18. Restored after discontinuance because in a public institution? No ____ Yes ____ . If yes, date of release ____
 If "Yes" was automatic restoration authorized?.....No ____ Yes ____ Date ____

19. ☐ Erroneous Denial Date _____, ☐ Erroneous Disc. Date _____, ☐ Appeal Date Signed _____

20. I CERTIFY, that the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief:
 (a) The above-named is entitled to ANB ☐ APSB ☒ in amounts specified above. ☒
 (b) Payment as specified above is authorized in accord with appeal decision. ☐
 (c) The above-named applicant is ineligible for ☐ ANB ☐ APSB for the reason stated in Item 16. ☐
 (d) The payee is not entitled to ☐ ANB ☐ APSB beyond the date specified in 17 D above for the reason stated in Item 16. ☐

10/18/52 10/19/52
 Signature of Social Worker Date Signature of Social Work Supervisor or Director Date
 Approved by the County of _____ Authorized Signature _____ Date 10/19/52

INSTRUCTIONS FOR USE OF FORM BL 278A

The facts may establish that past payments have been incorrectly claimed on a non-county (N) rather than a regular (R) basis, or vice versa. Facts may also establish that Federal participation was claimed whereas claim should have been made on a non-federal (X) basis, etc.

Form BL 278A is used to request the audit or accounting section to make the necessary adjustment to correct, retroactively, the incorrect participation status on payments which have been made.

For each month for which a retroactive participation adjustment is necessary, specify the amount of aid paid for that month. In the Column headed "Change Participation Status" enter under "From" the participation code status on which reimbursement has already been claimed, i.e., the code status which has now been determined to be incorrect. Under "To" enter the correct code status.

Explain the reason for the request for change in participation status in the space provided.

Form BL 278A is signed and dated by the director, the case supervisor, or such other person as the county director may designate.

AUTHORIZATION FOR RETROACTIVE CHANGE IN PARTICIPATION STATUS

Date 10-10-52 Case Name Exhibit 14 County Fresno Co. No. 567
St. No. 444

Retroactive Change in Participation Status

Change the participation status on payments for which reimbursement has already been claimed as follows:

Month and Year	Amount of Payment	Change in Participation Status	
		From	To
<u>May 1952</u>	<u>85</u>	<u>N</u>	<u>R</u>
<u>June 1952</u>	<u>65</u>	<u>N</u>	<u>R</u>
<u>July thru Oct. 1952</u>	<u>70</u>	<u>N</u>	<u>R</u>

Explain:

Applicant became blind in state, therefore
co. residence acquired April 23, 1952 rather
than Oct. 23, 1952 as originally determined.

I CERTIFY, That the above facts have been verified by investigation, that supporting evidence is on file in the County Office, is open to inspection by duly authorized State and Federal Representatives and that to the best of my knowledge and belief the above named was entitled to ☐ ANB ☐ APSB as specified above.

Mary Jones
(Signature)

10/10/52
(Date)

(See Instructions on Reverse Side)

Certified as a Regulation (or
as Regulations) of the

Dept of Socie Welfare
(Name of State Agency)

Charles J Schaubert
(Signature)

Director
(Title)

10-31-52
(Date)

AREA OFFICES

LOS ANGELES OFFICE
MICHIGAN 8411
MIRROR BUILDING
145 SOUTH SPRING STREET
12

SACRAMENTO OFFICE
GILBERT 2-4711
924 NINTH STREET
14

SAN FRANCISCO OFFICE
EX BROOK 2-8751
GRAYSTONE BUILDING
948 MARKET STREET
2

Earl Warren
Governor

STATE HEADQUARTERS

SACRAMENTO
GILBERT 2-4711
616 K STREET
14

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND
DIRECTOR

October 31, 1952

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

ADDRESS REPLY TO:

616 K Street
Sacramento 14

Dear Mr. Jordan:

Attached are three copies of the regulations which will be issued by the State Department of Social Welfare with Aid to Needy Children Manual Letter No. 20. This includes the following manual sections:

C-005	C-450	C-570	C-586
C-015	C-453	C-572	C-588
C-030	C-456	C-574	C-590
C-155	C-470	C-576	C-592
C-240	C-473	C-578	
C-245	C-476	C-580	
C-366	C-506	C-584	

These regulations were adopted by the State Social Welfare Board on October 24, 1952, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 103, 103.5, and 114(b), and are being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

Charles I. Schottland
Charles I. Schottland
Director

Attachments

FILED

In the office of the Secretary of State
of the State of California

OCT 31 1952

420 PM

FRANK M. JORDAN, Secretary of State
By *Frank M. Jordan*
Assistant Secretary of State

FILED

In the office of the Secretary of State
of the State of California

OCT 31 1952

420 PM

AID TO NEEDY CHILDREN MANUAL LETTER NO. 20

FRANK M. JORDAN, Secretary of State
By *[Signature]*
Assistant Secretary of State

The attached revisions numbered 186 through 205 are to be entered in your copy of the Manual of Policies and Procedures - Aid to Needy Children and the revision numbers canceled on the inside of the manual cover.

These revisions were adopted by the Social Welfare Board on October 24, 1952, to be effective December 1, 1952.

Sec. C-005 has been revised to include quotations from the W&IC and to list ways of assisting the family in attaining self-support.

Sec. C-015 has been revised to add under the "Rights and Responsibilities of ANC Families" provisions relating to reasonable employment, vocational and rehabilitative training, and cooperation with law enforcement officers.

Sec. C-030 has been revised to specify documents in the case record which may, or may not, be destroyed under the provisions of W&IC 1562, and to provide for maintaining the confidentiality of material to be destroyed.

Sec. C-155, as revised, includes, as reason for denial (1) the parent's refusal to accept reasonable employment or rehabilitative training and (2) the parent's refusal to give necessary information or refusal of reasonable cooperation with law enforcement officers in securing support from the absent parent.

Sec. C-240 has been clarified with respect to the policy that service in the armed forces does not constitute deprivation of parental support or care for purposes of ANC.

Sec. C-245, as revised, requires the recording in the case record of the basis for determination that absence of a parent actually exists.

Sec. C-366 has been revised to clarify when court orders are to be reviewed and to require that reasonable efforts be made to interview absent parents.

Secs. C-450, C-453, and C-456, relating to transportation of needy children, outside California have been revised to provide that the homes must be a "free" home and to provide for sending certain documents to the SDSW area office rather than to the SDSW central office.

Secs. C-470, C-473, and C-476 are new sections setting forth the requirements with respect to Notification to District Attorney and Cooperation with Law Enforcement Officers.

Sec. C-506 has been revised to simplify recording requirements for counties having a schedule of standard rates for goods and services.

Sec. C-570, C-574, C-576, C-578, C-580, C-584, C-586, C-588, C-590, and C-592 have been added and Sec. C-572 revised to incorporate current repayment procedures set forth in the Manual of Fiscal Policies and Procedures. Note that the three pages of Sec. C-572 now in your manual are to be removed. A section on "Plan for Collection of Repayments" will be issued later.

Department Bulletin No. 465 is obsolete.

The attached revisions numbered 180 through 205 are to be entered in your copy of the manual of policies and procedures - Ald to Mary Grimmer and the revision number cancelled on the inside of the manual cover.

These revisions were adopted by the Board of Directors on October 24, 1952, to be effective December 1, 1952.

Sec. 0-005 has been revised to include provisions from the WIG and to list ways of assisting the family in obtaining self-support.

Sec. 0-015 has been revised to add under the "Rights and Responsibilities of the Family" provisions relating to reasonable employment, vocational and rehabilitative training, and cooperation with law enforcement officers.

Sec. 0-030 has been revised to specify documents and case records which may or may not be destroyed under the provisions of WIG 1503, and to provide for maintaining the confidentiality of material to be destroyed.

Sec. 0-155, as revised, includes, as reasons for denial (1) the parent's refusal to accept reasonable employment or rehabilitative training and (2) the parent's refusal to give necessary information or refusal of reasonable cooperation with law enforcement officers in securing support from the absent parent.

Sec. 0-240 has been clarified with respect to the policy that service in the armed forces does not constitute deprivation of parental support or care for purposes of the WIG.

Sec. 0-255, as revised, requires the recording in the case record of the basis for determination that absence of a parent actually exists.

Sec. 0-305 has been revised to clarify when court orders are to be reviewed and to require that reasonable efforts be made to make visitation arrangements.

Secs. 0-450, 0-455, and 0-460, relating to transportation of needy children outside California have been revised to provide that the home must be a "fixed home" and to provide for sending certain documents to the local area office rather than to the state central office.

Secs. 0-470, 0-475, and 0-480 are now sections dealing with the requirements with respect to notification to nearest attorney and cooperation with law enforcement officers.

Sec. 0-505 has been revised to clarify recording requirements for counties having a schedule of standard rates for food and services.

Secs. 0-510, 0-515, 0-520, 0-525, 0-530, 0-535, 0-540, 0-545, 0-550, and 0-555 have been added and Sec. 0-565 revised to incorporate current treatment procedures set forth in the manual of fiscal policies and procedures. Note that the three of Sec. 0-575 now in your manual are to be removed. A section on "Plan for Collection of Payments" will be issued later.

Amendment to Section C-005, which follows, is proposed:

- (a) ~~To add to the quotations from the Aid to Needy Children law portions adopted by the 1951 Legislature.~~
- (b) ~~To restate the several ways of attaining self-support by including the provisions adopted by the 1951 Legislature with reference to encouraging families to assist in their own maintenance, accepting referral to the Bureau of Vocational Rehabilitation, obtaining support from the stepfather, and in accepting reasonable employment.~~

C-005 PURPOSE OF AID TO NEEDY CHILDREN

C-005

(Rev.)

Aid to Needy Children is a public assistance program financed by county, state, and federal governments. The primary purpose of the program is to provide family security and financial assistance for needy children, including unborn children, who are deprived of parental support or care. The California Welfare and Institutions Code, in Sec. 1500, defines a needy child thus:

"As used in this Chapter, 'needy child' means a needy person under the age of 18 years who has been deprived of parental support or care by reason of the death, continued absence from the home, or physical or mental incapacity of a parent or a needy person under the age of 18 years who has been relinquished for adoption to an organization licensed by the State Department of Social Welfare to find homes for children and place children in homes for adoption and who subsequently has been found by the organization to be unplaceable for adoption. No child deprived of parental support because of separation or desertion shall be considered a 'needy child' if the period of absence is less than three months."

ANC is an essential part of the larger social security program intended to foster and preserve basic human resources and family life. That program for California is embodied in the W&IC, which, in Sec. 19 of the General Provisions, contains the following statement:

"The purpose of this code is to provide for protection, care, and assistance to the people of the State in need thereof, and to promote the welfare and happiness of all of the people of the State by providing public assistance to all of its needy and distressed. It is the legislative intent that assistance shall be administered promptly and humanely, with due regard for the preservation of family life, and without discrimination on account of race, religion, or political affiliation; and that assistance shall be so administered as to encourage self-respect, self-reliance, and the desire to be a good citizen, useful to society."

(Section Continued on Next Page)

- (a) ~~To incorporate provisions of Chapters 884 and 1699, Statutes of 1951.~~

AID TO NEEDY CHILDREN

The voluminous Aid to Needy Children Manual revisions are mainly, the beginning attempt to "clean up" manual sections that have been affected by legislation since the issuance of the manual but, because of other considerations, have not been brought into agreement with current over-all policies and other manual revisions.

The revisions which will in no way affect the volume of work in the counties are:

C-005	C-572
C-015	C-574
C-030	C-576
C-155	C-578
C-240	C-580
C-245	C-584
C-450	C-586
C-453	C-588
C-456	C-590
C-570	C-592

Comments on the other manual sections are as follows:

C-366

The revision of Manual Sec. C-366 will increase work for those counties which have not routinely attempted to interview the absent parent.

C-470, C-473 and C-476

The definition of cases for notification to the District Attorney in C-473 will increase the notifications to the District Attorney in those counties which have refrained from reporting on alleged and putative fathers and on parents of children who are wards of the Juvenile Court under Sec. 701 of the Welfare and Institutions Code.

C-503B

The proposed requirement of a standard for determining that an ineligible minor, step-parent, or other person in the home required to act as caretaker is needy in Sec. C-503B will mean that counties will have to determine the personal and real property holdings of such persons. Approximately 8 to 12% of the family cases have such needy persons included in the family budget units.

C-506

The simplification in Sec. C-506 will eliminate recording of needs met in the majority of Boarding home and institution cases.

3. Assist a parent in securing vocational rehabilitative training or other training necessary to develop, improve, or restore his earning capacity.
4. Assist the family in developing home employment.
5. Secure support from the absent parent.
6. Secure support from the step-father in the home.
7. Assist the mother in finding reasonable employment outside the home consistent with her ability to work and the best interests of the children.

The SDSW is directed in W&IC 1500 to provide for the administration of the program, uniformly in all counties of the state, as follows:

"The State Department of Social Welfare shall:

- (a) make rules and regulations for the proper maintenance and care of needy children;
- (b) make rules and regulations for the administration of aid to needy children;
- (c) inquire, at any time, into the management of any institution receiving aid under the provisions of this chapter, or into the management, by any county, of aid to needy children.

Such rules and regulations shall be binding upon the institutions and counties."

The SDSW is further directed by W&IC 1511.5 to establish standards of care, as follows:

"Minimum basic standards of adequate care shall be distributed to the counties and shall be binding upon them. Such standards shall be determined by the rules and regulations of the State Department of Social Welfare, approved by the State Board of Social Welfare, to insure:

- (a) Safe, healthful housing.
- (b) Minimum clothing for health and decency.
- (c) Low cost adequate food budget meeting recommended dietary allowances of the National Research Council adapted to prices of the area in which the recipient resides.
- (d) Utilities in accordance with the basic minimum need.
- (e) Other items verified as needed, including household operation, education and incidentals, recreation, personal needs, and insurance but not to exceed in any one month the following amounts:

(Section Continued on Next Page)

- (a) ~~Clarification~~
- (b) ~~To incorporate provisions of Ch. 1533, Statutes of 1951~~

ANC is designed to keep children in a setting of their own family and to enable parents to continue responsibility for the family living plan. If it is not possible for a child to live with his own family, the program aims to provide the best substitute care in the home of a relative, in a foster home, or in a private institution. The Legislature made this declaration in W&IC 1503:

"It is the object and purpose of this chapter to provide aid for children whose dependency is caused by circumstances defined in Section 1500 and to keep children in their own homes wherever possible and to provide the best substitute for their own homes for those children who must be given foster care."

The rehabilitative aspects of the program are emphasized by the inclusion, in W&IC 1503, of the following statement:

"It is the intent of the Legislature that the employment and self-maintenance of parents of needy children be encouraged to the maximum extent and that this chapter shall be administered in such a way that needy children and their parents will be encouraged and inspired to assist in their own maintenance. The State Department of Social Welfare shall take all necessary steps to implement this section."

The Legislature gave further expression of its intent regarding the program in W&IC 1507, which reads:

"The provisions of this chapter shall be liberally construed to effect its stated objects and purposes."

The financial assistance provided by ANC makes it possible for children who are deprived of parental support or care to enjoy the opportunities usually available to other children in the community. The assumption underlying the program is that, if a family circle is broken or incomplete or the parents are unable because of disability to give the children normal care, the measures most conducive to a child's welfare are to strengthen the home against financial lacks and losses, and to help the parent or relative to regain control over his family affairs.

The encouragement and inspiration of families to assist in their own maintenance and to attain eventual self-support means the extension of case work services to families in order to:

1. Encourage older children to become independent in whole or in part and to assist in family support.
2. Assist the family in restoring or improving the health or in obtaining necessary appliances for a handicapped parent so that he can resume support of the family in whole or in part.

(Section Continued on Next Page)

- ~~(a) To incorporate provisions of Chapter 725, Statutes of 1951~~
~~(b) Clarification~~

~~Revision to this section is proposed to incorporate the provisions relating to reasonable employment, vocational rehabilitative training in cooperation with law enforcement officers.~~

C-015 RIGHTS AND RESPONSIBILITIES OF ANC FAMILIES

C-015

The ANC law contained in W&IC 1500 - 1580 and the rules and regulations of the SDSW specify the eligibility requirements for the ANC program. These specifications remove from individual discretion the right to deny assistance to any eligible person, because all persons meeting the eligibility requirements are equal before the law and have a right to receive assistance under a uniform application of the law.

Other established rights include:

1. A person acting on behalf of a child who believes the child meets the eligibility requirements has the right to make application for ANC.
2. A person who applies for assistance has the right to dignified and courteous treatment, and to believe that the information given by him in establishing eligibility will be kept in confidence.
3. An applicant has a right to full help from the county in establishing the child's eligibility for ANC.
4. A family or child on whose behalf assistance is granted has a right to receive the amount of aid for which they are eligible and to be paid in cash at the beginning of each month unless there is mismanagement of the assistance payments.
5. A family has a right to spend its ANC payment as it would money received from any other source and to be free to manage and direct its own affairs. All assistance paid shall be absolutely inalienable by any assignment, sale, attachment, execution, or otherwise.
6. A family has a right of appeal if it is not satisfied with the county's decision on, or lack of action regarding, the application or request for restoration, with the amount of the assistance payment, or with the discontinuance of assistance.
7. A person receiving ANC has a right to live wherever he chooses within the state, without forfeiture of assistance because of that choice.

Some of the responsibilities of applicants or relatives of a child on whose behalf application for ANC has been made or ANC is being paid include:

1. The applicant is responsible for providing all information in his possession necessary to establish eligibility.

(Continued)

- ~~(a) To incorporate provisions of Chap. 1400, Stats of 1951~~
~~(b) Clarification~~

Number of needy children

1 child- - - - -	\$13
2 children - - - - -	15
3 children - - - - -	18
4 children - - - - -	21
5 children - - - - -	24
6 children - - - - -	26
7 children - - - - -	28
8 children - - - - -	30
9 children - - - - -	32
10 children - - - - -	33
11 children - - - - -	34
12 or more children - - - - -	35

- (f) Allowance for essential household furniture and equipment.
- (g) Allowance for essential medical, dental, or other remedial care when not available through a public facility.
- (h) Allowances for special needs for any one or more of the following items: special diets upon the recommendation of a physician, transportation, laundry, house-keeping service, and telephone; and utilities in excess of the basic minimum need."

(W&IC 19, 1500, 1503, 1507, 1511.5, 1560)

C-030 MAINTENANCE AND PRESERVATION OF RECORDS

C-030

(Rev.)

The county shall maintain case records containing all information regarding each child for whom application is made or who is receiving assistance, including the evidence on which determination of eligibility is based as certified on the Certificate of Eligibility, Form CA 201. If assistance is denied, the case record shall contain full information relating to any factor upon which the denial is based.

The case record shall contain the face sheet (unless a substitute plan has been approved by the SDSW), a social history, and subsequent narrative ~~entires~~ ^{entries}. It shall also include, in a uniform arrangement, copies of all forms completed in connection with an application and determination of eligibility, including the forms required by the SDSW as well as those devised by the county, and copies of all correspondence. A copy of the Permanent Sample Schedule, Form CA 251, is not required in the record. The Application, Form CA 200, and the Certificate of Eligibility, Form CA 201, shall be originals, certified copies, or duplicate copies. (A) (B)

The case record shall show that Notification of Action by the Board of Supervisors, Form CA 239, (or approved substitute form) was mailed to the applicant or payee, as required. If a copy of the form is not filed in the record, the date the form was mailed shall be recorded in the record, preferably in the narrative, but may be on the copy of the Certificate of Eligibility, Form CA 201, or on the copy of the Notice of Change, Form CA 232, retained in the case record.

DESTRUCTION OF CASE RECORDS

"The board of supervisors in each county may, in its discretion, authorize the destruction or disposition of the case history, or any part thereof, of any recipient of aid to needy children who has not received such aid from such county for in excess of five years prior thereto." (W&IC 1562)

"Case History" as referred to herein includes the narrative, application and affirmation forms, budget work sheets, authorization documents, etc.

Ledgers, registers, and other summary financial records do not constitute part of the case history and may not be destroyed under the above statutory provisions. (X)

In no event shall any case history be destroyed when ~~when~~ ^{if}:

1. There is known to be a pending federal and state exception on the case.
2. There is an obligation to repay assistance in accord with current repayment policies and the case record contains promissory notes, mortgages, and similar documents with respect to the person owing repayment.

(Continued)

- ~~(a) To make consistent with current policy.~~
- ~~(b) Form CA 230 has been superseded by Form CA 251.~~
- ~~(c) To incorporate Bull. 465 and conform to federal requirements.~~

2. A family has the responsibility for keeping the county informed of all changes in need, income, address, or other circumstances affecting the amount of assistance. (X)
3. A family has the responsibility for utilizing the benefits of ANC in a manner which will be conducive to the well-being of the child and to eventual self-support. (X)
4. The parents have the responsibility to accept reasonable employment or necessary vocational rehabilitative training. (X)
5. The parent who has custody and control of the child has the responsibility to give reasonable assistance to law enforcement officers in the enforcement of the absent parent's obligation for the care, support, and maintenance of the child. (X)
6. A person who by false statement, representation, impersonation, or fraudulent device, obtains assistance for, or on behalf of, a child shall make restitution of the amount of assistance received for which the child was not eligible.

(W&IC 1505, 1506, 1551, 1560)

- (a) Clarification
- (b) To incorporate provisions of Chap. 725, State of 1951
- (c) To incorporate provisions of Chap. 30, Stats of 1950 (1st Ex. Sess.)

Revision to Section C-155, which follows, is proposed primary to add as reason for
denial:

- (a) The parent's refusal to accept reasonable employment and rehabilitative training, and
- (b) The parent's refusal to give necessary information, or refusal of reasonable cooperation with law enforcement officers in securing support from an absent parent.

C-155 ACTION ON APPLICATIONS

C-155

(Rev.)

The board of supervisors or its delegated agent shall grant or deny the application.

The application shall be denied if any one of the following conditions exist:

1. Ineligibility on any point is established.
2. Diligent investigation of all reasonable sources of evidence of eligibility fails to establish eligibility.
3. The applicant's whereabouts is unknown and he cannot be located.
4. The applicant has established residence in another state before the determination of eligibility is completed.
5. The applicant willfully refuses to complete the investigation.
6. The parent refuses to accept reasonable employment or vocational rehabilitative training.
7. The parent refuses to give necessary information or refuses reasonable cooperation with law enforcement officers in securing support from an absent parent.

If ineligibility occurs after the legal beginning date of assistance but before action has been taken to grant assistance, the application shall be denied.

If application was filed for a family group in which some children were determined to be eligible and others were determined to be ineligible, assistance may be granted for the eligible children and at the same time denied for the ineligible children.

If the eligibility or ineligibility status has not been determined for one or more of the family group, action may be withheld for such a child until a later date when the determination of eligibility has been completed. Action pertaining only to those children for whom eligibility or ineligibility has been established shall be taken. When eligibility or ineligibility of the remaining child named on the Application, Form CA 200, is established, the appropriate action for this child shall be taken.

If assistance is denied erroneously, the denial shall be formally rescinded. (See Sec. C-545, Corrective Payments)

If assistance is granted on an appeal to the SDSW following a denial, the application shall be granted in accordance with the decision of the SSWB.

Action of the board of supervisors or its delegated agent is not necessary on withdrawn applications.

(W&IC 1560)

- (a) To incorporate provisions of Chap. 772, Statutes of 1951
- (b) To incorporate provisions of Chap. 726, Statutes of 1951
- (c) To incorporate provisions of Chap. 30, Statutes of 1950 (1st Ex. Sess.)
- (d) Clarification

Any important documents filed in the case record which may be of value to the family shall be removed from the case history before it is destroyed. Such documents should be returned to the family if the whereabouts is known. (X)

If case histories are to be destroyed, the method of destruction shall be such that the confidential nature of the records will be adequately protected. For example, if the records are to be turned in as paper salvage, they must be previously rendered illegible. (W&IC 1560, 1562)

(a) ~~To incorporate Bull. 465 and conform to federal requirements.~~

-X-

Revision to this section is proposed primarily to delete the provisions relating to the notification to the district attorney, which are now incorporated in the new Sections C-470, 473, 476.

C-245 DETERMINATION OF DEPRIVATION OF PARENTAL SUPPORT OR CARE BY C-245
(Rev.) REASON OF CONTINUED ABSENCE FROM THE HOME

The county shall determine that there is continued absence of a parent from the home.

The narrative shall include the applicant's statement of the date absence began, the circumstances surrounding the absence, present whereabouts of the absent parent, and subsequent relationships of the parents to each other and to the child. The county shall also record the basis for the determination that absence of the parent actually exists.

If the absent parent returns to the home, plans for readjustments and discontinuance of assistance should be discussed with the family and available services made known to them.

See Secs. C-470, C-473, and C-476 regarding requirement for notification to the District Attorney in cases in which a child has been deserted or abandoned by a parent and Sec. C-366 regarding contributions from absent parents.

(W&IC 1560)

(a) ~~New policy.~~

(b) ~~Material deleted to be covered in Sections C-470, C-473, C-476, proposed.~~

Repeated inquiries are made by counties as to whether service in the armed forces is a type of absence of a parent covered by the Aid to Needy Children program. The policy established by the Social Welfare Board in September 1949 was that such service did not constitute absence. In order to clarify this provision in the manual the proposed revision sets forth the negative statement that "service in the armed forces" does not constitute deprivation of parental support or care for purposes of Aid to Needy Children.

C-240 DEFINITION OF DEPRIVATION OF PARENTAL SUPPORT OR CARE
(Rev.) BY REASON OF CONTINUED ABSENCE FROM THE HOME

C-240

A child shall be considered deprived of parental support or care if there is continued absence from the home on the part of one or both parents, except that in cases in which the natural father, the step-mother, and child are living together, there is not eligibility for ANC because of the absence of the natural mother.

Continued absence from the home implies a clear dissociation of one or both parents from the normal family relationships.

Dissociation from family relationships is not considered to exist if the parent is absent solely for the purpose of looking for work, working in another locality, serving in the armed forces, visiting, or moving to another community. However, it is recognized that the original purpose of the absence may change. Dissociation is not presumed in cases in which a parent is confined in a penal or correctional institution, but because such a parent is unable to return to the family, he is included in the definition of absent parent. Continued absence of a parent from the home exists if the absent parent has been out of the home at least three months prior to the date of application, in the following situations:

1. The parents are separated, legally or by bona fide agreement.
2. One or both parents have deserted.

Continued absence of a parent from the home exists from the time the absent parent leaves the home in the following situations:

1. The parents are divorced or divorce action has been filed and the parents are living separate and apart.
2. The marriage of the parents has been annulled.
3. The parents of the child are not married to each other and had not maintained a home together.
4. A parent is confined in a penal or correctional institution (including road camps and county jails).

The remainder of the section not relevant to
the change omitted from this agenda

(a) Clarification

Revision to Sections C-450, 3 and 456 are proposed to state the interpretation of long-standing that the home offered outside of California must be a "free" home, and to provide for sending certain documents to the areas instead of to Central Office.

C-450 TRANSPORTATION OF NEEDY CHILDREN OUTSIDE THE STATE - C-450
(Rev)- REQUIREMENTS

A county may transport a needy child to a home outside the state, if such an offered home is determined to be a proper free home, and the state will pay one-half of the total expense necessarily incurred in effecting such transportation. (X)

The county shall retain, readily available for review by representatives of the SDSW, a Form CA 201, Certificate of Eligibility, and the evidence that the home to which the child was sent is a proper free home, Form DFA 140, Claim for Transportation of Needy Children, shall be submitted in quadruplicate to the area office of the SDSW. (See Manual of Fiscal Policies and Procedures, Sec. F-940, Claims for Transportation of Needy Children) (W&IC 1580) (X)

C-453 TRANSPORTATION OF NEEDY CHILDREN OUTSIDE THE STATE - C-453
(Rev)- DEFINITION

A needy child, within the meaning of this provision, shall be a child who is receiving, or is eligible to receive ANC. For purposes of transportation outside the state, a child otherwise eligible for ANC shall be considered eligible if he is living in a free home, in a public institution, or is a patient in a public hospital.

An offered home shall be considered to be a "proper free home" (a) if a social agency or other authoritative source in the county or state where the home is located submits information that the child's needs will be met from local sources in accordance with standards for evaluating a similar offer of a home within the state, (see Sec. C-390, Offer of a Home as a Resource), and (b) if the child's needs are met without cost to the ANC program in California. An authorization given by a public welfare department in another state for the return of a child to that state is not in itself sufficient evidence of a proper free home, unless the agency recognizes its responsibility to provide or care for the child. (X)

The total expense may include transportation of a child and relative or attendant (including cost of the attendant's return trip), if necessary. Decision as to the mode of travel is within the scope of county discretion. It is assumed that counties will select the most suitable and reasonable method. Travel by air is included when the county considers this desirable. (W&IC 1580) (X)

(a) Clarification

(b) Simplify procedure

C-366 DETERMINATION OF AMOUNT OF CONTRIBUTION FROM AN ABSENT PARENT
(Rev.)

C-366

The county shall determine the ability and willingness of the absent parent to contribute to the support of his child and the amount of the actual contribution being made. This applies to both parents if the child is not living with either parent. (X)

Both parents should be involved in planning for the children and helped to develop their own resources in meeting the children's needs. The county shall make an effort to interview the absent parent and encourage that parent, as well as the remaining one, to participate in planning for the social and financial welfare of the children. (X)

If the absent parent is under recent court order to contribute, the county shall accept the findings of the court as the determination of his ability to contribute. If the county learns that the parent's financial circumstances have improved subsequent to the court's findings, or the court order is one year or more old, the county shall notify the district attorney that assistance has been granted in accordance with Sec. C-470 so that he may take any action deemed advisable. If the applicant is unable to provide information regarding the amount of the actual contribution, a statement shall be accepted from the probation officer or other responsible agent, or from the person to whom, or through whom, the money is paid. (X)

If the absent parent is not under court order to support the child, the county shall make reasonable effort to determine his ability to contribute by considering all aspects of his financial circumstances. The county shall record in the narrative the determination of the absent parent's monthly income and expenses which shall include: (X)

1. Living plan (whether maintaining a household, boarding, paying rent and taking meals out, etc.)
2. Income
3. Monthly expenditures necessary for maintenance, such as:
 - a. Costs of food, shelter, clothing, etc.
 - b. Expenses incident to employment
 - c. Cost of support and care of other dependents
 - d. Legal obligations, debts, medical and dental needs, etc.

Assistance shall not be denied or withheld because of the refusal or failure of an absent parent to contribute to the support of his child in accordance with his financial ability, whether or not there is a court order.

(W&IC 1552.4, 1560)

(a) Clarification

(b) To incorporate provisions of Chap. 1348, Statutes of 1951

- ~~C-470 Requirements for Notification to District Attorney and Cooperation with Law Enforcement Officers~~
~~C-473 Definition of Cases in Which Notification to District Attorney and Cooperation with Law Enforcement Officers is applicable~~
~~C-476 Determination of Applicability of the Requirements for and Notification to District Attorney and Cooperation with Law Enforcement Officers~~

These are new sections which incorporate the material deleted from Section C-245 and material previously issued in circular letter form as guide material.

C-470 REQUIREMENTS FOR NOTIFICATION TO DISTRICT ATTORNEY AND
(New) COOPERATION WITH LAW ENFORCEMENT OFFICERS

C-470

Immediately after assistance has been granted to a child who has been deserted or abandoned by a parent, the county shall notify the district attorney that such assistance has been granted. Such notification shall be on a form acceptable to the State Department of Social Welfare (see suggested form). The district attorney is required by law to investigate and report within 60 days after the date of such notification the results of any action taken.

The district attorney determines what action, if any, is to be taken on each of the notices sent and carries out such action.

If the parent with whom the child is living or who has custody or control of the child wilfully refuses to give the necessary information or refuses reasonable cooperation with law enforcement officers (i.e., district attorney, city attorney, sheriff, police, etc.), assistance shall be discontinued or denied. Determination that the parent has wilfully refused to give necessary information or refused reasonable cooperation with law enforcement officers rests with the county welfare department.

The parent's refusal to give necessary information or to cooperate in relation to the absent parent of one child in a family group shall not affect the eligibility of the other children who are not children of that absent parent.

At the time of application, the county shall inform the parent about the notification requirement and how it relates to his own individual family situation, i.e., what information is sent to the district attorney, when, why, and the responsibility the parent is expected to take regarding action to locate the absent parent or to obtain support.

(W&IC 1523, 1552.4, 1560)

New Section. ~~To incorporate provisions of Chapter 30, Statutes of 1950 (1st Ex. Sess.) and Chapter 1348, Statutes of 1951. Policy formerly in Sec. C-245.~~

If a child is not receiving ANC at the time such transportation is requested, his eligibility to receive assistance as defined above shall be determined as set forth in this chapter.

The county shall determine that the home offered is a proper free home. Usually this is accomplished by means of out-of-state correspondence. If the correspondence is not in itself conclusive, the county shall record the basis for the determination that the offer was logically acceptable.

It is not necessary to complete an Application, Form CA 200.

A Certificate of Eligibility, Form CA 201, shall be completed except for:

- Item 4 - School Enrollment, Living Plan, Payee, and Federal Participation
- Item 7d and 7e
- Item 8 - Assistance Payment
- Item 9 - However, the signatures of the county Public Assistance Worker and of the Case Supervisor or Director shall be affixed.
- Item 10

Action by the board of supervisors, or its delegated agent, is unnecessary.

(W&IC 1580)

Re defendant:

Re complainant:

Height _____ Weight _____ Eyes _____

Hair _____ Complexion _____

Marks
or scars _____

Does defendant Use
drink to excess _____ drugs _____ gamble _____

Social
Security No. _____

Military serial No.
branch and rank _____

Arrest record _____

Police No. _____
Name and address
of attorney _____

If missing, when and
where last seen _____

Recreations _____

Style of dress _____

Where is photograph
of defendant available _____
Relatives and friends, name
and address: _____

Father _____

Mother _____

Has investigation been made by
juvenile court _____
Public welfare _____ date _____

If previously referred to any district attorney in
California, please indicate where and when _____

Has defendant been interviewed by
county? _____ To what did he agree? _____

Remarks or Comment by welfare department
(use other side of page if needed) _____

Reported by _____
of the _____ County Welfare
Department _____

With whom are
above children living _____

Are children born to defendant
and his partner legitimate _____

Has defendant acknowledged
paternity _____
(attach proof to this form)

Any dispute about paternity _____
If unmarried, did parties
maintain domicile together _____

Date of
marriage _____ Place _____
Date
separated _____ Place _____

Cause _____

Date divorced: Interlocutory _____
Final _____ Place _____
Amount of _____ Custody
court order _____ to _____

Data re prior or subsequent
marriage of partner _____

Prior separations or desertions _____

Other minor children
of partner _____

Other minor children or dependents
of defendant _____

I have read the foregoing and certify that all informa-
tion furnished by me is true to the best of my knowledge.
I agree to cooperate fully with and render all reason-
able assistance to law enforcement officials in connec-
tion with this matter of failure to provide.

Signature _____

Date _____

(for use by District Attorney's Office)

Date issued complaint
for Failure to Provide _____ Deputy _____

Recommendation of investigator: _____ Date _____

Welfare Dept. No. _____
 Case Name _____
 Date of last application _____

District Attorney No. _____

FILED

In the office of the Secretary of State
 of the State of California

OCT 31 1957

420 BM

NOTICE TO DISTRICT ATTORNEY
 OF DESERTION OR ABANDONMENT UNDER
 SECTION 1552.4, WELFARE AND
 INSTITUTIONS CODE

FRANK M. JORDAN, Secretary of State

By _____
 Assistant Secretary of State

(Note: provide such data as is known to county welfare department)

In connection with aid which has been granted to needy children who have been abandoned by their parent, the following information has been obtained:

DEFENDANT _____		COMPLAINANT _____	
Aliases, if any _____		Address _____	
Address _____		Phone _____	
		If complainant is not mother of children listed below, give mother's name and address _____	
Years lived in County _____			
Relationship to complainant _____		Years lived in County _____	
		Citizenship _____	
Is defendant able to work _____		If not, why _____	
		Race _____	
Proof _____		Age _____ Birthplace _____	
Name and address of doctor _____		Occupation _____	
Has defendant sought work diligently _____		Union local _____	
How _____		Present or last employer _____	
Regular means of employment _____		Address _____	
Other trades or skills _____		Time employed _____ Earnings _____	
Union local _____		Monthly aid currently granted complainant by Department of Public Welfare _____	
Present or last employer _____		No. years received aid _____	
Address _____		Total amount paid to complainant in past years by Department of Public Welfare _____	
Phone _____ Time Employed _____			
Earnings _____		Explain assistance of other agencies _____	
Former employer _____		Other income or assets _____	
Address _____		Money received from defendant past 12 months: Jan. _____ Feb. _____	
Other income _____		March _____ April _____ May _____	
Assets: Real or personal property, bank accounts, safety deposit boxes, stocks, bonds, insurance, etc. _____		June _____ July _____ Aug. _____	
		Sept. _____ Oct. _____ Nov. _____	
Encumbrances on assets _____		Dec. _____ TOTAL _____	
Bills and obligations _____		Has defendant known whereabouts of applicant at all times during his failure to provide _____	
Car make _____ Model _____			
Year _____ License No. _____		Minor children born to defendant and partner: _____	
Birth _____ Birth _____			
Age _____ date _____ place _____		Name _____ Age _____ Birthplace _____	
Citizenship _____ Race _____			

C-473 DEFINITION OF CASES IN WHICH NOTIFICATION TO DISTRICT ATTORNEY C-473
(New) AND COOPERATION WITH LAW ENFORCEMENT OFFICERS IS APPLICABLE

With respect to the notification requirement, desertion occurs when the parent remains away from the child and wilfully fails to provide for him. Abandonment applies to the act of intentionally failing to provide the needs of the child, whether or not the child has been deserted. Therefore, in accordance with W&IC 1552.4, all cases of parental non-support shall be reported to the district attorney except those cases in which:

1. The parent clearly is unable to provide support or clearly is unable to provide full support if he is currently contributing.
2. The child is in the process of adoption (i.e., the period when the mother is being counseled by the case worker or is otherwise exploring plans for the adoption of the child, the child has been relinquished for adoption and the relinquishment has been filed with the SDSW, or the consent for independent adoption has been signed).

The absent parent may be determined to be clearly unable to provide support if:

1. He is receiving public assistance,
2. He is in a mental or penal institution,
3. A legal determination of his ability to support has been made recently enough to accept the findings as current,
4. The county has determined that his income and resources are so limited that he is unable to contribute. (See Sec. C-366)

If the above conditions do not exist, notification shall be sent even though paternity has not been acknowledged nor legally established or the children are wards of the court under W&IC 700 or 701. Notification shall also be sent in those cases in which court orders for support are not in keeping with current circumstances of the absent parent or the absent parent is not contributing in accordance with the court order. (W&IC 1552.4, 1560)

REPORT TO THE COUNTY WELFARE DEPARTMENT

CONCERNING ABSENT PARENT

Date _____

Case No. _____

Case Name _____

Address _____

Name of Absent Parent _____

To _____, County Welfare Director

I. This is in reply to your Notification of _____ (Date) _____
in the above named case.

II. The following action has been taken _____

III. The remaining parent has refused reasonable assistance in obtaining
support from the absent parent by the following action or lack
of action _____

Reported by _____

Representing the _____

County District Attorney _____



DETERMINATION OF NEED FOR CHILDREN IN FAMILY GROUPS
OR WITH RELATIVES

Section C-503, Sub-section B, has been redrafted to limit the ineligible minor children to be included in the family budget unit to those under the age of 18 years. Since the practice in several counties is to include ineligible minors up to the age of 21, this will constitute a definite change in policy for such counties.

This proposed revision also excludes from the family budget unit the child who has been disqualified for assistance because the parent does not wish to fulfill requirements for notification to the district attorney, or refuses to cooperate with law enforcement officers.

Further, this sub-section requires that need of the ineligible minor, stepparent, or other person in the home required to act as caretaker shall be determined in accordance with the ANC standard.

Proposed revision to sub-section F, Items 4 and 5 is for the purpose of clarifying the amount to be allowed for rent or property expense if there are others in the household, and to clarify the provision that the allowance for utilities is based on the family budget unit's prorata share of the amount for the household. It also includes the ceiling for the allowance for ice.

DETERMINATION OF APPLICABILITY OF THE REQUIREMENTS FOR
NOTIFICATION TO DISTRICT ATTORNEY AND COOPERATION WITH
LAW ENFORCEMENT OFFICERS

At the time of application or redetermination of eligibility, the county shall determine in all cases of parental non-support whether the requirement for notification to the district attorney is applicable. If the requirement is applicable, the county shall notify the district attorney. If the county determines that the parent is clearly unable to provide support, the basis for the county's determination shall be recorded in the narrative.

Regardless of the notification requirement, both parents have rights and responsibilities in relation to their children. The county shall make every effort to reach the absent parent and encourage him, as well as the remaining parent, to participate in the planning and contribute to the support and care of the children. (See Sec. C-366)

The district attorney's report of the results of any action taken, or of lack of action, shall be filed in the case record.

If the county denies or discontinues assistance because a parent refuses to give necessary information or refuses reasonable cooperation with law enforcement officers, the parent's reason for his action and the basis for the county's determination shall be recorded in the narrative.

Whenever there is a change in the circumstances of the absent parent, the county shall determine whether the situation requires notification to the district attorney. Those changes in circumstances subsequent to the last determination which require notification are:

1. The absent parent is no longer clearly unable to support
2. The absent parent's circumstances have changed sufficiently or his whereabouts become known so that the district attorney might wish to take action
3. The absent parent has decreased or discontinued his contribution subsequent to prior action without a known change in his circumstances

(W&IC 1552.4, 1560)

Revision to this section is proposed to simplify recording requirements if a county has a schedule of standard rates.

C-506 DETERMINATION OF NEED FOR CHILDREN LIVING IN BOARDING
(Rev.) HOMES OR PRIVATE INSTITUTIONS

C-506

A. REQUIREMENTS

The goods and services essential to a minimum basic standard of adequate care for children living in boarding homes or private institutions are the same as those for a child living with his own family or with a relative. (See Sec. C-503, Determination of Need for Children in Family Groups or With Relatives.)

For a child receiving foster care, the boarding home or institution shall meet the requirements for a licensed home or institution.

A boarding home is defined as a private family home which accepts children for board and care, except that this does not apply to the boarding of a child who is related by blood or through marriage regardless of the degree of relationship.

A private institution is defined as a facility, other than a private family home, which accepts children for board and care, and which is not financed, managed, or controlled by a unit of federal, state, or local government.

B. ALLOWANCES TO MEET NEEDS

The allowance for essentials is the rate which the county agrees to pay the boarding home or institution to cover certain goods and services, plus other essential items met from county funds or other sources, on a basis determined by the county.

If the county has a schedule of standard rates for specified goods and services and a uniform plan for providing goods and services not included in the rates, the county shall record in the narrative the rate and any exceptions made to the standard or plan for provision of other goods and services. (X)

If the county does not have a schedule of standard rates, the county shall record in the narrative which of the essential goods and services are covered by the rate and show how those essentials not included in the rate are provided.

C. RELATION OF INCOME TO NEED

In order to establish the amount of assistance needed for the child in a boarding home or private institution, it is necessary to relate the total net income available to his total need. The child is in need of assistance to the extent that his net income is insufficient to meet the cost of his essentials, including care and supervision. The computation of net income shall be clearly set forth in the record. (W&IC 1560)

~~(a) Change in policy.~~

If there are others in the household not included in the family budget unit, only the prorated share of the amounts for utilities given in the Cost Schedule, in accordance with the total number of persons in the household, is allocable to the family budget unit.

The average monthly amount of the cost of ice, if needed, shall be included up to a maximum of \$6 for the household. (X)

If a utility used by the family is not listed on the Cost Schedule, the county shall determine and include the average monthly amount necessary on an annual basis. The basis of the county's determination shall be recorded in the narrative.

Parts G, H, and I of this section not relevant
to change omitted from agenda

~~(a) Existing policy not previously in Manual.~~

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If an overpayment occurs and it is not possible to effect a complete adjustment within the current adjustment period either by decrease or discontinuance of assistance, the right to request repayment of assistance exists only in those cases in which the assistance was received as a result of false statement, misrepresentation, or other fraudulent device, and only to the extent of:

1. The unadjusted balance of the overpayment, if partial adjustment has been made in the current adjustment period, or
2. The total amount of the overpayment, if no adjustment within the current adjustment period is possible.

In the absence of fraudulent intent there is no right to request repayment except to the extent that overpayment can be adjusted within the current adjustment period.

If the right exists to request repayment, the county shall make a demand for repayment receivable. If there is evidence that the person responsible for the child was underpaid for a past month or months for which the county is required to pay retroactive aid (See Sec. C-530), the amount of repayment receivable may be decreased to the extent of such underpayment in lieu of issuing retroactive aid payments.

Example: During reinvestigation in December it is determined that the person responsible for the child had income in February which was unreported with fraudulent intent and which resulted in an overpayment of \$30 in that month only. Also the record shows that no action was taken to allow for an additional need of \$10 in June, reported in that month. On the basis of the reported need in June the person is entitled to \$10 retroactive aid for June. Request is made for repayment of \$20 (\$30 overpayment in February less \$10 underpayment in June).

(a)

(WYIC 1506, 1560)

(b)

~~(a) Clarification—~~

~~(b) Incorporated into new Secs C-574, C-576, C-578, C-580 and C-586.~~

Sections C-570 through C-592, which follow are proposed new sections to the ANC Manual. They parallel those provisions in the Fiscal, Blind and Aged Manuals on repayments. One Section, C-582, "Plan for Collection of Repayments," is being temporarily withheld pending study and clarification.

C-570 TERMINOLOGY USED IN REPAYMENTS
(New)

C-570

A. Repayments Receivable

Amounts received or receivable as the result of overpayment of assistance not adjusted or adjustable within the current adjustment period and for which there is right to demand repayment are termed "repayments receivable." Included are amounts paid or due to the county from absent parents as the result of court order if such contributions are to be applied to a prior month or months than that in which received. (See Sec C-533 for definition of overpayment and adjustment)

B. In Lieu Repayments

Amounts received which represent adjustment within the current adjustment period by repayment in lieu of a decrease in assistance payment or discontinuance are termed "in lieu repayments."

C. Voluntary Repayments

Amounts received on a voluntary basis which represent return of assistance legally paid are termed "voluntary repayments."

D. Debtor

This term refers to the person from whom the county has the right to demand repayment for the overpayment of assistance. Depending on the circumstances in the individual case, the debtor may be the person who signed the application, the payee, the parent, the person or agency in loco parentis, the person who committed the fraud, or any combination of these persons. (W&IC 1560)

Repayments receivable shall be demanded within the limits of the California Civil Code and the Code of Civil Procedures from any and all resources (real and personal property) of the debtor, except that repayments shall not be demanded from:

1. The current assistance payment or income required to meet the current needs of the child or his parents or both.
2. Real and personal property required to meet continuing needs of the child or his parents or both. These are:
 - a. Real property: that which provides the child or his parents with shelter or other items of current need or is producing net income which contributes substantially toward meeting current need.
 - b. Personal property: essential household furniture and equipment, personal effects, personal jewelry, or tools, supplies, equipment and other items which are part of a program of rehabilitation for a parent or necessary to the production of net income which contributes toward meeting current needs.

Repayment may be demanded, within the provisions of the Probate Code, from any and all real and personal property of the estate of a debtor, except that the rights of the county shall be subordinated to the rights of a surviving spouse or minor child who is receiving assistance, if the surviving spouse or guardian of the child executes an agreement not to transfer or encumber such property without the consent of the county. (W&IC 1506, 1560, AGO NS 4473, 47/307)

~~Revised for clarification and to bring in agreement with Manual of Fiscal Policies and Procedures. Formerly in Sec. C-572.~~

Whenever it appears that an overpayment of assistance has been made, i.e., assistance has been paid during a period for which there was not eligibility or a greater amount of assistance has been paid than for which there was eligibility, the county shall determine:

1. Whether overpayment of assistance has been made
2. The period of overpayment
3. The reason for overpayment
4. The amount of overpayment
5. Whether or not overpayment was the result of fraudulent intent
6. Whether or not the right to request repayment exists

These determinations and the bases for the determinations shall be recorded in the narrative.

See Sec. C-588 regarding erroneous payments.

(W&IC 1506, 1560)

STATEMENT OF DEBTOR'S RESOURCES

State No.: _____

Name: _____

Address: _____

Currently receiving aid? _____

INCOME:

Monthly amount: \$ _____ Source: _____

Amount required to meet current need of debtor and spouse (and minor children in

ANC): \$ _____

PROPERTY:

Real: Location _____

Assessed Value: \$ _____ Estimated real value: \$ _____

Encumbered? _____ Amount of Encumbrance: \$ _____

Occupied by debtor? _____ If not occupied, how utilized? _____

Personal: Cash or bank balances: \$ _____ Securities: \$ _____
(Include postal savings) (Include trust deeds, war bonds)

Insurance, Face Value: \$ _____ Estimated cash surrender value: \$ _____

Furniture and equipment - estimated value: \$ _____

Automobile - estimated value: \$ _____ Determined necessary? _____

Other (describe and give estimated value) _____

Debtor's statement regarding willingness and pecuniary ability to make payment:

County Worker

If the right to request repayment exists, a formal written demand shall be served promptly upon the debtor. This demand may be mailed to the debtor at his address of record or may be delivered in person. It shall include the following:

1. The reason for, and the amount of, the repayment receivable.
2. A statement that the right to request repayment exists.
3. A statement that the repayment is due and payable immediately and that repayment or a satisfactory plan for repayment is required within 30 days. If the debtor is without resources other than the assistance payment and the income required to meet the current need, a statement shall be made that he is not obligated to make repayment from such funds.
4. A statement that, upon request, a county representative will be available to advise him as to his rights and responsibilities with respect to the amount due.

(W&IC 1506, 1560; AGO NS 4473, 47/307)

If the debtor does not reply to the demand for repayment within a reasonable time, a determination shall be made as to the debtor's ability to repay the amount due. If the amount due is \$50 or more, an investigation shall be made and the following shall be recorded centrally or in the case record:

1. A statement of the sources and amounts of income.
2. A listing of real and personal property.
3. If the debtor or the child is currently receiving assistance, the real and personal property required to meet continuing needs as defined in Sec. C-576, Source of Repayment.
4. A statement from the debtor as to his intent and pecuniary ability to repay.

Form A, Statement of Debtor's Resources, is suggested for the recording of the investigation.

If the amount due is less than \$50, the investigation and recording are optional.

(W&IC 1506, 1560, AGO NS 4473, 47/307)

~~(New)~~

A person may make a voluntary repayment of assistance legally paid, either partial or total provided he has no legal obligation to repay any aid paid him. If the person wishes, he may allocate such a voluntary partial repayment to a specific period. In the absence of such specification, the amount of such repayment shall be allocated to the most recent months during which assistance was paid.

(W&IC 1560)

~~Revised for clarification. Formerly in C-572~~~~(New)~~

An erroneous payment is a payment or a series of payments made for a period for which there was not a valid authorization, or for which there was a valid authorization for a lesser amount than the amount paid. Such an erroneous payment may be adjusted without county authorizing action, within the current adjustment period. The right to request repayment exists for the unadjusted amount with the limitation that repayment may be required only from resources other than the current assistance payment or income required to meet the current need.

Erroneous payments, when discovered shall, if they have been claimed to the state as public assistance payments, be credited on a current claim. Amounts received in repayment are credits to county funds. (W&IC 1504, 1560)

~~(New)~~

Repayments receivable accounts are classified in three groups as follows:

1. Active Accounts
2. Inactive Accounts
3. Closed Accounts

All repayments receivable shall be classified initially as Active Accounts and shall be systematically followed for collection. Such accounts may be reclassified to inactive or closed status only as follows:

1. When the debt is fully repaid, the account is to be reclassified to Closed Accounts.
2. If the debt is less than \$50 and collection can not be effected through small claims court, or without resort to measures the cost of which would equal or exceed the amount of the debt, such accounts may be reclassified to Closed Accounts.
3. If the debt is discharged in bankruptcy proceedings, the account shall be reclassified to Closed Accounts.
4. If collection of the debt is barred by successful invocation by the debtor or his agent of a Statute of Limitations (See Item 8 of Sec. C-582) such accounts shall be reclassified to Closed Accounts.
5. If the debtor is deceased and probate action is closed and there is no feasible means of recovery from heirs of the estate, the account shall be reclassified to Closed Accounts.
6. If the debt is \$50 or more and the debtor is not currently possessed of resources from which the debt may be recovered, such accounts may be reclassified to inactive status provided the debt is first secured by agreement to reimburse note, confession of judgment, judgment lien, assigned insurance policies, or other security. All accounts classified in the inactive group shall be checked periodically against probate records (See Sec. C-582) for possible recovery upon death of the debtor through action in probate proceedings or through suit against heirs of the estate.
7. Other than as provided in this section, no repayment receivable account of \$50 or more shall be reclassified to closed or inactive status without prior written approval of SDSW.

~~(New)~~

In addition to the recording of data on overpayments of assistance in the case record as provided in Sec. C-574, there shall be maintained in each county a central Repayment Receivable Record, Form ABC 831, for each case in which there was an overpayment of assistance and for which there is a right to request repayment. An equivalent record may be used if it is approved by the SDSW. Repayment receivable records shall be filed by aid program in state number order or by aid program alphabetically with cross index to state number. Separate files shall be maintained for active, inactive, and closed accounts as provided in Sec. C-584.

The Repayment Receivable Record shall provide data as to:

1. The debtor's name, and whether currently receiving assistance and the state number of the case
2. The amount of the repayment receivable
3. The period to which the overpayment applies
4. The reason for the overpayment
5. The reason the overpayment was determined to be the result of fraudulent intent on the part of the debtor
6. Record of any changes in the determinations included in Items 2 through 5
7. Whether a Statement of Debtor's Resources, or equivalent, is on file
8. A record of all repayments made stating dates and amounts
9. Chronological record of all contacts made by letter or personal visit together with a record of:
 - a. Whether Agreement to Reimburse Note or Confession of Judgment procured
 - b. All legal actions taken, judgments procured, property liens taken, and resulting attachments
 - c. In case of fraud, whether criminal action was taken and the outcome thereof

(W&IC 1506, 1560)

~~62~~

An erroneous repayment is a repayment which has been made upon the mistaken assumption that an overpayment occurred for which the right existed to request repayment.

An individual who believes that he has repaid assistance in error may request the return of such erroneous repayment. This request may be made at any time to the county welfare department but shall be made in writing. The written request constitutes a claim for the return of the money erroneously repaid. The claimant need not file his request with the county auditor or county clerk since Chapter 4 of Division 3 of Title 3 of the Government Code is deemed to have no bearing on claims of this nature. The county shall assist individuals who wish to file a request for the return of erroneous repayments.

Claims for the return of erroneous repayments shall be approved by the county if it is found that the repayment was erroneous. In making findings with respect to erroneous repayments, the county shall determine carefully if, during the period to which the repayment was applicable, overpayment occurred for some reason other than that on which the repayment was predicated. If such overpayment occurred, it may be determined that no return, or a return in a smaller amount, is in order.

Notification shall be given to any person who made a repayment which is determined to have been an erroneous repayment and he shall be advised of his right to seek reimbursement.

A voluntary repayment of assistance, made upon the initiative of the payer without request or suggestion on the part of the county constitutes a gift and shall not be deemed to have been erroneous.

Persons whose claim for the return of an erroneous repayment of assistance has been rejected shall be informed in writing of their right to appeal to the SDSW.

(W&IC 1560)

Certified as a Regulation (or
as Regulations) of the

Dept of Social Welfare
(Name of State Agency)

Charles J. Schuler
(Signature)

Director
(Title)

10-31-52
(Date)

AREA OFFICES

LOS ANGELES OFFICE
MICHIGAN 8411
MIRROR BUILDING
145 SOUTH SPRING STREET
12

SACRAMENTO OFFICE
GILBERT 2-4711
924 NINTH STREET
14

SAN FRANCISCO OFFICE
EXBROOK 2-8751
GRAYSTONE BUILDING
948 MARKET STREET
2

Earl Warren
Governor

STATE HEADQUARTERS

SACRAMENTO
GILBERT 2-4711
616 K STREET
14

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND
DIRECTOR

October 31, 1952

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

ADDRESS REPLY TO:
616 K Street
Sacramento 14

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare with Old Age Security Manual Letter No. 13.

These regulations were adopted by the State Social Welfare Board on October 24, 1952, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 103, 103.5, and 114(b), and are being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

Charles I. Schottland
Charles I. Schottland
Director

Attachments

FILED

In the office of the Secretary of State
of the State of California

OCT 31 1952 420 PM

FRANK M. JORDAN, Secretary of State
By *[Signature]*
Assistant Secretary of State

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14

November 3, 1952

OLD AGE SECURITY MANUAL LETTER NO. 13

The attached revisions numbered 99 through 103 are to be entered in your copy of the Manual of Policies and Procedures - Old Age Security and the revision numbers canceled on the inside of the manual cover.

These revisions were adopted by the State Social Welfare Board on October 24, 1952, to be effective December 1, 1952.

Sec. A-180 has been revised to specify documents in the case record which may, or may not, be destroyed under the provisions of W&IC 2190, and to provide that destruction shall be done in such manner as to protect the confidentiality of the record.

Sec. A-1260, as revised, provides ceiling allowances for re-lining of dentures and rebasing of dentures.

Section A-1280 contains an important revision relating to unsecured debts. The medical care aspect is of particular importance. It overcomes to some extent the inequity in the old policy as it related to unsecured debts for doctor and hospital bills. Hitherto the need for money to pay such bills was not considered a "current necessity," and no allowance could be made for payment on such debts when determining current need.

Under the revised policy the need for money to pay certain reported unsecured debts represents a current necessity. Note that a definite time limit is placed upon the period during which such allowance is made as well as upon the amount.

Department Bulletins No. 465 and 472 are obsolete.

FILED

In the office of the Secretary of State
of the State of California

OCT 31 1952 420 PM

FRANK M. JORDAN, Secretary of State
By *[Signature]*
Assistant Secretary of State

A-185 LAWS AND REGULATIONS AVAILABLE TO THE PUBLIC

A-185

The OAS law, and all regulations of the SDSW relating to OAS shall be available for inspection by the general public in every county welfare department office (including district offices) and in such additional offices as the county may designate.

This file marked "For Public Use" shall contain the following material:

1. Copy of the OAS law.
2. Copy of Division 1, of the W&IC, Administration of Welfare and Institutions, Chapter 1, SDSW.
3. Manual of Policies and Procedures - OAS.
4. Department Bulletins not superseded by rulings appearing in the Manual of Policies and Procedures - OAS.

It is the responsibility of the county to keep the "For Public Use" file up to date. Inspection by the general public shall be made on the premises.

(W&IC 2015, 2140)

A-190 OATHS

A-190

The director, or person by whatever title designated, who acts as a director of a county agency carrying out the provisions of the OAS law, may authorize his representative or representatives to take such affidavits and administer such oaths as are required under the OAS program.

(W&IC 7.5)

A-198 DELEGATION OF AUTHORITY BY BOARD OF SUPERVISORS

A-198

The authority of a county board of supervisors to grant, deny, terminate, increase or decrease OAS may be exercised by an agent when duly authorized by resolution of such board.

(W&IC 7.1)

A-170 (Continued)

A-170

"Supporting documents" refers to documents necessary to determine the grant or denial of such grant, and include the following:

1. Application (Form Ag 200) and Recipient's Affirmation of Eligibility (Form Ag 206).
2. Verification of age, residence, citizenship.
3. Verification of ownership of real or personal property, cash, etc.
4. Verification of income.
5. Documents reporting the action of the county in granting or denying an application, or reporting increase, decrease or discontinuance of the aid payment or restoration thereof.

FILED

In the office of the Secretary of State
of the State of California

(W&IC 2014)

OCT 31 1952

420 PM

A-180 DESTRUCTION OF CASE RECORDS

FRANK M. JORDAN, Secretary of State

A-180

By

Assistant Secretary of State

"The board of supervisors in each county may, in its discretion, authorize the destruction or disposition of the case history, or any part thereof, of any recipient of aid to the aged who has not received such aid from such county for in excess of five years prior thereto." (W&IC 2190)

"Case history" as referred to herein includes the narrative, application and affirmation forms, authorization documents, responsible relatives' forms, etc.

Ledgers, registers, and other summary financial records do not constitute part of the case history and may not be destroyed under the above statutory provisions.

In no event shall any case history be destroyed if:

1. There is known to be a pending federal and state exception on the case.
2. The former recipient is obligated to repay assistance in accordance with current repayment policies and the case record contains promissory notes, mortgages, and similar documents with respect to the recipient owing repayment.

Any important documents filed in the case record which may be of value to the recipient shall be removed from the case history before it is destroyed. Such documents should be returned to the former recipient, if his whereabouts is known.

If case histories are to be destroyed, the method of destruction shall be such that the confidential nature of the records will be adequately protected. For example, if the records are to be turned in as paper salvage, they must be previously rendered illegible.

(W&IC 2190)

A-1260 (Continued)

A-1260

The above maximum allowances do not cover state and city sales tax or carrying charges, if any. These costs, if incurred, shall be added to the above maxima.

10. Hearing Aids

When a practitioner of the healing arts recommends the provision of a hearing aid, the cost of the hearing aid represents a special need when a further examination by a licensed physician and surgeon who is an otologist verifies that the recipient will benefit from the use of a hearing aid. (For list of otologists see Circular Letter No. 535 and No. 535 Supplement.)

The cost of the examination by the otologist represents a special need, up to a maximum of \$10. A special need allowance not to exceed \$175 may be made to cover the cost of a hearing aid. The \$175 maximum allowance does not include sales tax or carrying charges and these may be added to the \$175 maximum. However, if an allowance is made for carrying charges, it follows that an allowance cannot be made for interest on a loan made to cover the cost of the hearing aid. If interest only is involved, this can be added to the maximum. If another instrument is turned in the trade-in allowance shall be deducted from the \$175 maximum.

An exception to the maximum allowance may be made when an otologist makes a specific recommendation that a recipient can benefit only from a type of hearing aid the cost of which exceeds \$175.

The monthly upkeep cost of hearing aids represents a special need up to a maximum of \$5 per month. (W&IC 2140)

A-1260 (Continued)

A-1260

Dentures, full upper or lower.	\$80.00
Dentures, partial upper or lower	68.00
Duplication, upper or lower, full or partial dentures.	30.00
Repairs, broken dentures (no tooth involved)	7.50
Replacing broken teeth in dentures	5.00
	(each tooth)
Relining of denture.	20.00
	(each plate)
Rebasing of denture.	30.00
	(each plate)
Extractions, single tooth.	4.00
Extractions, full mouth.	25.00
Bridge work.	20.00
Prophylaxis treatment.	6.00
	(per treatment)
Pyorrhea treatment	6.00
	(per treatment)
Amalgam or cement fillings	6.00
	(per tooth)
X-ray examinations	
Single first film.	2.00
Additional film.	1.00
Full mouth	10.00

9. Eyeglasses (including charge for refraction)

The actual cost of eyeglasses represents a special need within the maximum allowances set forth below:

Bifocal lenses and frame.	\$20
Single vision lenses and frame.	\$15

If a recipient already possesses adequate frames, a special allowance shall be made for lenses only. The maximum allowance for bifocal lenses is \$7.50 for each lens, and for single vision lenses, \$5 for each lens. If tinted lenses are recommended by a physician or practitioner, the additional cost not to exceed \$2 for each lens represents special need.

The actual cost of a refraction shall be allowed up to a maximum of \$10.

A special need allowance shall be made for only one pair of glasses, e.g., if reading glasses are recommended, an additional allowance cannot be made for glasses for distance vision, or for sun glasses.

(Section Continued on Next Page)

A-1280 (Continued)

A-1280

Special need allowance for monthly payments on such unsecured debts shall be limited to a one year period from the date the debt was incurred whether or not full allowance for the payment of the indebtedness will be made within the one year limit. Monthly payments on debts for medical care, including any items of current necessity which fall within the definition of medical care (SEE SEC. A-1260) shall be allowed to meet the actual amount of the debt but in no event shall the allowance exceed the ceilings set forth in the sections covering such items as hearing aids, glasses, dentures, dental care, etc. For other types of medical care, allowance on the total unsecured debt for any one illness occurring within a single year shall not exceed \$300.

No allowance shall be made for required payments on an unsecured debt incurred prior to date of application.

(W&IC 2:40)

A-1280 (Continued)

A-1280

The required monthly payment on an encumbrance placed by a recipient against his home shall not be considered a current need if the grant plus the income has equalled total need which included allowance for the item for which the property was encumbered (or the encumbrance increased).

EXAMPLE 4: THE RECIPIENT'S TOTAL NEED INCLUDING PRORATED MONTHLY TAXES HAS BEEN SUCH THAT HIS GRANT AND HIS INCOME EQUALLED HIS TOTAL NEED. HE BORROWS \$150 TO PAY HIS TAXES, AND GIVES A MORTGAGE ON HIS HOME AS SECURITY FOR THE LOAN. THIS REPRESENTS THE ONLY ENCUMBRANCE ON HIS HOME. REQUIRED PAYMENTS ON THE LOAN SHALL NOT BE CONSIDERED AS A HOUSING NEED AND THE FULL OCCUPANCY VALUE CONTINUES TO REPRESENT INCOME.

The need for money to pay an unsecured debt incurred while a recipient of aid represents a special need only if the debt is for, or was incurred to pay for:

1. A current necessity such as a prosthetic appliance, necessary housing repairs, if the cost is \$10 or more, necessary household equipment as defined in Section A-1240, etc.

or

2. Medical care.

To be considered, such unsecured debts must be reported as required in Sec. A-1316.

(Section Continued on Next Page)

AREA OFFICES

LOS ANGELES OFFICE
MICHIGAN 8411
MIRROR BUILDING
145 SOUTH SPRING STREET
12

SACRAMENTO OFFICE
GILBERT 2-4711
924 NINTH STREET
14

SAN FRANCISCO OFFICE
EXBROOK 2-8751
GRAYSTONE BUILDING
948 MARKET STREET
2

Earl Warren
Governor

STATE HEADQUARTERS

SACRAMENTO
GILBERT 2-4711
616 K STREET
14

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND
DIRECTOR

November 14, 1952

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

ADDRESS REPLY TO:
616 K Street
Sacramento 14

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare with Statistical Manual Letter No. 2.

These regulations were adopted by the State Social Welfare Board on October 24, 1952, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 115 and 116 and are being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

Charles I. Schottland
Charles I. Schottland
Director

Attachments

FILED

in the Office of the Secretary of State
of the State of California

NOV 18 1952

At 2:55 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *Edmund G. Sawyer*
Assistant Secretary of State

Certified as a Regulation (or
as Regulations) of the

Dept of Social Welfare
(Name of State Agency)

C. I. Schauland

(Signature)

Director

(Title)

11-14-52

(Date)

Chapter II of the Manual of Statistical Procedures supersedes Secs. 2902-00, 2904-00, 2906-00, 2908-00, 2909-00 and Forms Adop M56A, M56B, M56C, M56D, and M56E in Sec. 2999-00 of the Manual of Adoption Policies and Procedures on January 1, 1953.

Chapter III of the Manual of Statistical Procedures supersedes Secs. VIII-500 through VIII-700 of the Manual of Boarding Homes for Aged and Children on January 1, 1953.

The due date for submission of reports has been extended to the 12th of the month following that covered by the report.

Department Bulletin No. 447 is obsolete on January 1, 1953.

Correction: In Sec. S-190 (issued with Statistical Manual Letter No. 1) change the revision date in the lower left hand corner of Forms Ag, Bl, APSB, and GR 237 and Forms CA 237-FG and CA 237-BHI from "May 1952" to "July 1952."

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

616 K STREET
SACRAMENTO 14

November 14, 1952

STATISTICAL MANUAL LETTER NO. 2

Attached are Chapters II and III of the Manual of Statistical Procedures which were adopted by the Social Welfare Board on October 24, 1952, to be effective January 1, 1953.

Chapter II covers statistical reporting on adoptions. No major revisions of reporting procedures have been made except as follows:

1. In the relinquishment program, revised Forms Adop 56A, 56B, and 56C provide columns and items for reporting on children placed under inter-agency agreements.
2. In the independent adoption program, revised Form Adop 56D provides for inclusion of "extensions" in the column for "new petitions."
3. Two copies of each report are required.

Chapter III covers statistical reporting on boarding home licensing and child placing activities. Revised Forms BHA 41 and BHC 41 incorporate the following changes:

1. Elimination of reporting as applications, revisions in licenses that do not require new applications.
2. A breakdown of pending renewals to show how many renewal applications have been received or not received.
3. Rearrangement of the form to show total actions in one section.
4. Addition of a section for reporting inquiries, reporting to be optional with the agency.
5. A breakdown, on Form BHC-41, of pending applications to show capacity, i.e., for 1 to 6 children and 7 or more children.
6. On Form BHA-41, homes licensed for 7 to 10 aged persons added to the category "special homes;" these were previously classified as "private homes."

FILED

In the Office of the Secretary of State
of the State of California

NOV 18 1952

At 10:55 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *[Signature]*
Assistant Secretary of State

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S-204 INTRODUCTION TO MONTHLY STATISTICAL REPORT ON APPLICATIONS AND HOMES S-204
APPROVED FOR ADOPTIVE PLACEMENTS - RELINQUISHMENT PROGRAM, FORM ADOP 56A

This report (Form Adop 56A) is designed to provide information on applications of persons who wish to adopt children. It is divided into three parts for reporting: (1) requests for applications, (2) processing of signed applications, and (3) homes approved for placement.

(W&IC 115, 116)

S-206 PART A - REQUESTS, FORM ADOP 56A

S-206

Report in this part all new requests for applications to adopt relinquished children.

- Item 1. Requests Received During Month. Enter the number of new requests for applications received during the month regardless of whether or not a decision was made to take the application. Include requests in person, in writing, or by telephone. Exclude requests still pending from a prior month and requests for information.
- Item 2. Requests Screened by Preliminary Interview. Enter the number of applicants interviewed this month prior to decision with respect to issuing formal application. Include preliminary screening by personal interviews, telephone interviews, or by group meetings.

(W&IC 115, 116)

S-200 SUBMISSION OF MONTHLY STATISTICAL REPORTS ON ADOPTIONS

S-200

Monthly statistical report shall be submitted by adoption agencies licensed by the SDSW as follows:

Relinquishment Program (public and private agencies)

1. Applications and Homes Approved for Adoptive Placements - Relinquishment Program, Form Adop 56A.
2. Children Free for Adoption - Relinquishment Program, Form Adop 56B.
3. Adoption Placement Services - Relinquishment Program, Form Adop 56C.

Independent Adoptions (public agencies only)

Independent Adoptions - County Agencies, Form Adop 56D.

Relinquishment and Independent Adoption Programs (public and private agencies)

Adoption Services to Other Agencies, Form Adop 56E.

Two copies of each report shall be submitted to the Bureau of Research and Statistics, SDSW, 616 K Street, Sacramento 14. Reports are due not later than the 12th of the month following the month covered by the report.

(W&IC 115, 116)

S-202 GENERAL INSTRUCTIONS - MONTHLY STATISTICAL REPORTS ON ADOPTIONS

S-202

Complete the identification data for which space is provided in the heading as follows:

County. Enter the county in which the agency or branch of the agency is located.

Agency. Enter the name of the agency making the report.

Report for month of. Enter the month and year covered by the report.

(W&IC 115, 116)

S-210 PART C - APPROVED HOMES AVAILABLE FOR ADOPTIVE PLACEMENTS,
FORM ADOP 56A

S-210

Report in this section activity in regard to homes that have been approved and are available for adoptive placement.

- Item 8. Approved Homes Available for Adoptive Placements, Beginning of Month. Enter the number of homes available for adoptive placements at the beginning of the month. The entry in this item should be the same as the entry in Item 12 of last month's report. If Item 12 was in error, the correct figure shall be shown in Item 8 and an explanation of the correction shall be made in a footnote. Adjust this item to include homes which have been used for adoptive placement but from which the children were removed during the month for some reason, e.g., death of child.
- Item 9. Homes Approved During Month. Enter the number of homes approved for adoptive placement during the month. The entry in this item is the same as the entry in Item 6a, Applications approved.
- Item 10. Total Homes. Enter the sum of the entries in Items 8 and 9.
- Item 11. Approved Homes Disposed of During Month. Enter the number of approved homes disposed of during the month. The entry in this item is the sum of the entries in Items 11a through 11d which follow.
- Item 11a. Homes in Which Adoptive Placements Were Made. Enter the number of approved homes in which adoptive placements were made during the month. This should equal the sum of the entries in Items 11a (1) and 11a (2), which follow.
- Note: The term "relinquished" in the following two items should be construed to include children for whom there was action in lieu of relinquishment and children for whom no action was necessary.
- Item 11a (1). Used for This Agency's Children. Enter the number of this agency's homes used for the adoptive placement of children relinquished to this agency. The number of homes reported in this item should not be greater than the number of children shown in Col. 1, Form Adop 56b, for Item 4a (1).
- Item 11a (2). Used for Children from Another Adoption Agency. Enter the number of this agency's homes used for the adoptive placement of children relinquished to another adoption agency.

(Section Continued on Next Page)

S-208 PART B - APPLICATIONS, FORM ADOP 56A S-208

Report in this part activity on all signed applications to adopt relinquished children, i.e., homes accepted for study.

- Item 3. Pending from Last Month. Enter the number of applications (accepted for study in a previous month) pending at the beginning of the month. The entry in this item should be the same as the entry in Item 7 of last month's report. If Item 7 was in error, the correct figure shall be shown in Item 3 and an explanation of the correction shall be made in a footnote.
- Item 4. Signed During Month. Enter the number of applications signed during the current month.
- Item 5. Total Applications. Enter the sum of Items 3 and 4.
- Item 6. Disposed of During Month. Enter the number of applications disposed of during the current month. The entry in this item is the sum of Items 6a through 6d which follow.
- Item 6a. Approved. Enter the number of applications approved during the month. Show the same entry in Item 9, Homes Approved During Month.
- Item 6b. Denied. Enter the number of applications denied during the month.
- Item 6c. Withdrawn. Enter the number of applications withdrawn by applicants during month.
- Item 6d. Other. Enter the number of applications disposed of for reasons other than those specified in Items 6a, 6b, or 6c. Include in this item cases in which the applicant died or the agency canceled the application because contact with the applicant was lost. Specify the reason for this disposition of each application in a footnote.
- Item 7. Pending at End of Month. Enter the difference between the entries in Items 5 and 6. The entry in this item is also the sum of Items 7a and 7b which follow.
- Item 7a. Home Study in Process. Enter the number of applications on which intensive study of the adoptive home was started during the month or in a prior month but whose application was still pending at the end of the month. Cases in which only preliminary paper work, such as obtaining authorizations or verifications, is being done by the agency are not considered to have a home study in process and are to be included in Item 7b.
- Item 7b. Home Study Not in Process. Enter the number of pending applications on which home study is not in process. Include cases in which only preliminary paper work, such as obtaining authorizations or verifications, is being done by the agency.

(W&IC 005, 006)

S-212 (Continued)

S-212

Col. 3. Actions in Lieu of Relinquishment. Use this column for the required entries with respect to actions in lieu of relinquishment and for children who are available for adoption without any prior action i.e., foundling or child of deceased parents. Include only those children who are available for adoption because all of the necessary actions have been taken or who, it has been determined, are available without action. Report the child in Col. 2 if one parent signed a relinquishment.

(W&IC 115, 116)

S-214. INSTRUCTIONS FOR ITEMS ON FORM ADOP 56B

S-214

- Item 1. Children Free for Adoption at Beginning of Month. Enter the number of children available for adoption at the beginning of the month. The entries in this item should be the same as the entries in Item 5 of last month's report. If Item 5 was in error, the correct figures shall be shown in Item 1 and an explanation of the correction shall be made in a footnote. Adjust this item to include children who, during the month, were removed from adoptive homes prior to completion of the adoption. Do not make an adjustment if the child dies after having been placed for adoption.
- Item 2. Children Relinquished; Other Actions Taken During Month. Enter in Col. 2 the number of children for whom all of the necessary relinquishments were obtained during the month. Enter in Col. 3 the number of children for whom all of the necessary actions in lieu of relinquishment were taken or for whom it was determined that no action was necessary.
- Item 3. Total Children. Enter the sum of the entries in Items 1 and 2.
- Item 4. Change in Status During Month. Enter the number of children whose status changed during the month. The entry in this item is the sum of the entries in Items 4a, 4b, and 4c which follow.
- Item 4a. Children Placed for Adoption. Enter the number of children placed for adoption during the month. The entry in this item is the sum of Items 4a (1) and 4a (2) which follow.

(Section Continued on Next Page)

S-210 (Continued)

S-210

- Item 11b. Approval Canceled by Agency. Enter the number of homes for which approval was canceled by the agency.
- Item 11c. Application Withdrawn by Applicant. Enter the number of applications that were withdrawn by the applicant subsequent to the approval of the home.
- Item 11d. Other. Enter the number of homes disposed of for reasons other than those specified in Item 11a, 11b, or 11c. Specify the reason in a footnote.
- Item 12. Approved Homes Available for Adoptive Placement, End of Month. Enter the difference between the entries in Items 10 and 11.

(W&IC 115, 116)

**S-212 INTRODUCTION TO MONTHLY STATISTICAL REPORT ON CHILDREN FREE
FOR ADOPTION - RELINQUISHMENT PROGRAM, FORM ADOP 56B**

S-212

This report (Form Adop 56B) is designed to provide data for each agency on the number of children relinquished to the agency (Col. 2), or for whom the agency has taken the necessary actions in lieu of relinquishment (Col. 3), or has determined that the children are available for adoption without any prior action (included in Col. 3). Do not include the child on this report until all of the necessary relinquishments have been obtained, all of the necessary actions in lieu of relinquishment have been taken, or it has been established that no action is necessary. Include relinquishments valid for filing with the SDSW regardless of whether they have yet been filed. Exclude children relinquished to another adoption agency, and children for whom another adoption agency has taken action in lieu of relinquishment or has determined that no action is necessary.

- Col. 1. Total. This column is for entering the totals of the entries in Cols. 2 and 3.
- Col. 2. Relinquishment Signed. Use this column for the required entries with respect to signed relinquishments. Include only those children for whom all of the relinquishments (or one relinquishment and an action in lieu of relinquishment) required to make the child available for adoption have been obtained.

(Section Continued on Next Page)

S-216 INTRODUCTION TO MONTHLY STATISTICAL REPORT ON ADOPTION
PLACEMENT SERVICES - RELINQUISHMENT PROGRAM, FORM ADOP 56C

S-216

This report (Form Adop 56C) is designed to provide data re the relinquishment program on (1) requests to arrange adoptive placements, (2) children under study and supervision, and (3) children on whose behalf two adoption agencies have entered into inter-agency placement agreements. If more than one child is involved in a request, count each child as a separate request.

(W&IC 115, 116)

S-218 PART A - REQUESTS TO ARRANGE ADOPTIVE PLACEMENTS, FORM
ADOP 56C

S-218

This part is designed to report children for whom requests to arrange adoptive placements have been received by the agency and the disposition of such requests. Exclude children accepted for study or supervision by another adoption agency who, by inter-agency agreement, will be placed in this agency's adoptive homes. Report such children in Col. 2 of Part B and in Part C.

- Item 1. Pending from Last Month. Enter the number of requests pending at the beginning of the month. The entry in this item should be the same as Item 5 of last month's report. If Item 5 was in error, the correct figure shall be shown in Item 1 and an explanation of the correction shall be made in a footnote.
- Item 2. Received During Month. Enter the number of children for whom requests to arrange adoptive placements were received during the month.
- Item 3. Total. Enter the sum of the entries in Items 1 and 2.
- Item 4. Disposition of Requests During Month. Enter the number of requests disposed of during the month. The entry in this item is the sum of the entries in Items 4a through 4d which follow.
- Item 4a. Child Accepted for Study or Supervision. Enter the number of children accepted for study or supervision during the month. Include cases accepted prior to the birth of the child.

Note: The entry in this item must be the same as the entry in Item 7, Col. 1, Accepted for Study or Supervision During Month. It is the device by which approved requests are removed from Part A and transferred to the count in Part B.

(Section Continued on Next Page)

S-214 (Continued)

S-214

- Item 4a (1). By this Agency. Enter the number of this agency's children placed in adoptive homes by this agency during the month.
- Item 4a (2). By Another Adoption Agency Under Cooperative Agreement. Enter the number of children placed in adoptive homes by another adoption agency under cooperative agreement between the two agencies.
- Item 4b. Relinquishment Rescinded. Enter the number of children for whom relinquishments were rescinded during the month. The entry in this item is the sum of the entries in Items 4b (1) and 4b (2) which follow.
- Item 4b (1). Before Filing With SDSW. Enter the number of children for whom relinquishments were rescinded before the relinquishments were filed with SDSW.
- Item 4b (2). After Filing With SDSW. Enter the number of children for whom relinquishments were rescinded after the relinquishments were filed with the SDSW.
- Item 4c. Other. Enter the number of children whose relinquishment status changed during the month for reasons other than those specified in Item 4a or 4b. Specify the reason for the change in a footnote, e.g., death of child.
- Item 5. Children Free for Adoption at End of Month. Enter the difference between the entries in Items 3 and 4. In Col. 2 only, the entry in this item is also the sum of the entries in Items 5a and 5b which follow. Make no entries in Col. 1 or 3 for Items 5a and 5b.
- Item 5a. Relinquishment Filed with SDSW. Enter the number of children for whom all of the necessary relinquishments have been filed with the SDSW and who are awaiting placement at the end of the month.
- Item 5b. Relinquishment Not Filed with SDSW. Enter the number of children for whom relinquishments have not been filed with the SDSW and who are awaiting placement at the end of the month.

(W&IC 115, 116)

S-220 (Continued)

S-220

- Col. 1A. Under Another Adoption Agency's Care. Use this column for reporting children for whom this adoption agency has responsibility but placement agreements have been made with other adoption agencies.
- Col. 2. Children From Another Adoption Agency. Use this column for reporting children who are the responsibility of another adoption agency, but who, by inter-agency agreement, are being considered for placement in this agency's adoptive homes. Exclude such children from Cols. 1 and 1A.
- Item 6. Pending from Last Month. Enter the number of children reported in Item 11 last month. If Item 11 was in error, the correct figure shall be shown in Item 6 and an explanation of the correction shall be made in a footnote.
- Item 7. Accepted for Study or Supervision During Month. Enter the number of children accepted for study or supervision during the month in Col. 1. The entry in this item is the same as the entry in Item 4a, Child Accepted for Study or Supervision. Make no entries for this item in Cols. 1A and 2.
- Item 8. Transferred Under Inter-Agency Placement Agreements During Month. Enter the number of children (Cols. 1A and 2) for whom inter-agency placement agreements have been made with other adoption agencies and who were transferred to another adoption agency (Col. 1A) or from another adoption agency (Col. 2) during the month. Do not count the child in this item prior to his physical transfer.
- Item 9. Total. Enter the sum of the entries in Items 6 and 7 in Col. 1 and the sum of Items 6 and 8 in Cols. 1A and 2.
- Item 10. Service Terminated During Month. Enter the number of children for whom the adoption unit or agency terminated service this month. This item is the sum of Items 10a through 10f which give the reasons for the termination of service. Show in Cols. 1A and 2 the reason service was terminated for children where there are inter-agency agreements.
- Item 10a. Adoption Completed. Enter the number of children whose adoptions were completed during the month, i.e., the number of children whose adoption has been granted by the court.
- Item 10b. Child Not Adoptable. Enter the number of children who have been under study and it is the decision of the agency that they are not adoptable.

(Section Continued on Next Page)

S-218 (Continued)

S-218

- Item 4b. Decision Made Not to Accept Child. Enter the number of children whom the agency decided, during the month, not to accept for study or supervision. The entry in this item is the sum of the entries in Items 4b (1), 4b (2), and 4b (3).
- Item 4b (1). Because of Limited Agency Facilities. Enter the number of children whom the agency decided not to accept because of its limited facilities.
- Item 4b (2). Not Within Scope of Agency Program. Enter the number of children whom the agency decided would not come within the scope of the agency program; e.g., a stepparent case.
- Item 4b (3). Child Regarded as Not Adoptable. Enter the number of children whom the agency decided were not adoptable.
- Item 4c. Request Withdrawn. Enter the number of requests withdrawn.
- Item 4d. Other. Enter the number of children not receiving service for other reasons. Specify the reasons.
- Item 5. Pending at End of Month. Enter the difference between the entries in Items 3 and 4.

(W&IC 115, 116)

S-220 PART B - CHILDREN UNDER STUDY OR SUPERVISION, FORM ADOP 56C

S-220

Part B is designed to report activity in relation to children who have been accepted for study or supervision or for whom inter-agency agreements have been made. Column definitions are as follows:

This Agency's Children

Cols. 1 and 1A are to be used for reporting children who have been accepted by this agency for study or supervision and for whom this agency has primary responsibility. Exclude children for whom other adoption agencies have primary responsibility even though they are being considered for adoptive placement in this agency's homes; report such children in Col. 2.

Col. 1. Total. Use this column for reporting the number of children this agency has accepted for study or supervision. Include children also reported in Col. 1A (except Item 8).

(Section Continued on Next Page)

S-222 PART C - ADDITIONAL INFORMATION ON CHILDREN REPORTED IN
ITEM 11, FORM ADOP 56C

S-222

- Item 12. How Many of the Children in Item 11, Col. 1 were under the Supervision of Another Social Agency (other than an adoption agency) or of another unit of the reporting agency? Enter the number of children included in Item 11, Col. 1, who were under the supervision of another social agency (other than an adoption agency) or a different unit of the reporting agency. Include, for example, children under study or supervision at the end of the month who are still under the supervision of a CWS unit, ANC unit, GR unit, probation officer, etc.
- Item 13. Names of Adoption Agencies Retaining Responsibility for Children Reported in Item 11, Col. 2. Enter the names of the adoption agencies with primary responsibility for the children reported in Item 11, Col. 2, and the number of children from each agency.

(W&IC 115, 116)

S-220 (Continued)

S-220

- Item 10c. Parent Kept or Reclaimed Child. Enter the number of children whose parents kept or reclaimed them. Report the child in Item 10d if it is known that the parent made an independent placement.
- Item 10d. Parent Made Independent Placement. Enter the number of children whose parents made independent placements while the child was under study or supervision by the agency.
- Item 10e. Lost Contact. Enter the number of children with whom the agency has lost contact.
- Item 10f. Other. Enter the number of children for whom service was terminated for reasons other than those specified in Items 10a through 10e. Specify the reason service was terminated in a footnote. Include stillborn children who had been accepted for study prior to birth.
- Item 11. Under Study or Supervision at End of Month. Enter the difference between the entries in Items 9 and 10. Item 11 should also equal the sum of the entries in Items 11a through 11e which give a breakdown by living arrangement of the children reported in Item 11. Show in Part C additional details on these children.
- Item 11a. In Adoptive Home. Enter the number of children who were in adoptive homes at the end of the month.
- Item 11b. In Foster Home. Enter the number of children who were in foster homes at the end of the month.
- Item 11c. Child Unborn. Enter the number of cases under study at the end of the month which involved unborn children. Do not include unborn children in the counts reported under Items 11d or 11e.
- Item 11d. In Maternity Home. Enter the number of children (excluding unborn children) who were in maternity homes at the end of the month.
- Item 11e. Elsewhere. Enter the number of children (excluding unborn children) who were living elsewhere than specified in Items 11a through 11d. Specify in a footnote the location of the children.

(WSIC 115, 116)

S-226 INSTRUCTIONS FOR ITEMS ON FORM ADOP 56D

S-226

- Item 1. Pending from Last Month. Enter the number of independent adoption cases that were pending further action at the end of last month. The entries in each column should be the same as those in Item 5 of last month's report. If Item 5 was in error, the correct figures shall be shown in Item 1 and an explanation of the correction shall be made in a footnote.
- Item 2. Added During Month. Enter the number of cases received during the month for investigation or report. Report new petitions (Col. 2) in the month in which the notice of pendency is received from the SDSW. Extensions initially granted shall be entered under this item in Col. 2A in the month the extension is granted.
- Item 3. Total Active During Month. Enter the sum of Items 1 and 2.
- Item 4. Total Disposed of During Month. Enter the sum of Items 4a and 4b. If an extension of the investigation period was granted, the disposition of the new petition should be shown both in Col. 2 and in Col. 2A.
- Item 4a. Court Reports Completed. Enter the number of adoption petitions upon which the agency made a report to the court. This entry is the sum of Items 4a (1) through 4a (4).
- Item 4a (1). Approval Recommended. Enter the number of petitions on which the agency made a report to the court recommending approval of the adoption petitions; include conditional approvals.
- Item 4a (2). Denial Recommended. Enter the number of petitions upon which the agency made a report to the court recommending denial; include "denials without prejudice."
- Item 4a (3). Dismissed. Enter the number of dismissed petitions on which a dismissal report was submitted by the agency during the month.
- Item 4a (4). Report Only. Enter the number of petitions upon which the agency made a report to the court without recommendation, excluding any shown under Item 4a (3), or in which information was submitted to the court without change in recommendation of the agency.
- Item 4b. Other Dispositions. Enter the total number of petitions disposed of without a report to the court. This entry is the sum of Items 4b (1) through 4b (3).

(Section Continued on Next Page)

**S-224 INTRODUCTION TO MONTHLY STATISTICAL REPORT ON INDEPENDENT
ADOPTIONS - COUNTY AGENCIES, FORM ADOP 56D****S-224**

This report (Form Adop 56D) is designed to furnish information on the investigation and reporting to the courts on independent adoptions, i.e., adoptions of children who have been placed independently by their parents or by other individuals who have legal custody of the children.

- Col. 1. Total. Enter the total of Cols. 2 through 5, excluding Col. 2A. Col. 2A is excluded from the total column because it duplicates cases reported in Col. 2.
- Col. 2. New Petitions - Total. Enter the count of new petitions for each item. Do not count the new petition as added (Item 2) until the month in which the notice of pendency is received from the SDSW Bureau of Adoptions. Note that new petitions on which an extension is granted are included in Col. 2A in the month in which the extension is granted, and are reported in both Cols. 2 and 2A until disposed of.
- Col. 2A. New Petitions - Extensions. This column is to show how many of the new petitions reported in Col. 2 have been granted an extension of the investigation period by the court. Report only the initial extension; additional extensions are not reported. In the month in which the extension is granted, report the case in Item 2, Col. 2A, but continue to report also in Col. 2 until final disposition. Show the final disposition of the new petition in both Col. 2 and Col. 2A. With the exception of Item 2, entries in Col. 2A cannot be greater than entries in Col. 2.
- Col. 3. Reopened. Report in this column all cases which have been reopened for further study, investigation, or action after having been closed. A case is not to be reported as reopened if the only service involved is giving information to one of the parties or an individual authorized to receive it, even though it is necessary to obtain the case record from the SDSW.
- Col. 4. Appeals. This column is provided to record the number of appeals filed by the petitioners or natural parents with the court concerning the agency recommendation. Include appeals concerning the recommendations of the agency or failure of the agency to complete the adoption within the allotted time and appeals from actions on petitions to withdraw consent.
- Col. 5. Petition to Withdraw Consent. Enter the number of petitions filed to withdraw consent previously given by the natural parent.

(W&IC 115, 116)

S-230 INSTRUCTIONS FOR ITEMS ON FORM ADOP 56E

S-230

- Item 1. Pending From Last Month. Enter the number of requests for service that were brought forward from the previous month. The entries in each column should agree with those in Item 5 of last month's report. If Item 5 was in error, the correct figures shall be shown in Item 1 and an explanation of the correction shall be made in a footnote.
- Item 2. Received During Month. Enter the number of requests for services that were received during the month.
- Item 3. Total Requests for Month. Enter the sum of Items 1 and 2.
- Item 4. Requests Completed. Enter the number of requests for service that were disposed of during the month.
- Item 5. Pending at End of Month. Enter the difference between the entries in Items 3 and 4.

(W&IC 115, 116)

S-226 (Continued)

S-226

- Item 4b (1). Returned to Inactive File. Enter in Cols. 1 and 3, Total and Re-opened respectively, the number of cases in which no further action is indicated and the case is to be considered closed.
- Item 4b (2). Transferred to Another Agency. Enter the number of cases transferred to another adoption agency; include cases transferred to the jurisdiction of the SDSW.
- Item 4b (3). Transferred as Step-parent Case. Enter the number of cases transferred to probation officers, because the petitioner is a step-parent of the child.
- Item 5. Pending at End of Month. Enter the difference between the entries in Items 3 and 4.

(W&IC 115, 116)

S-228 INTRODUCTION TO MONTHLY STATISTICAL REPORT ON ADOPTION
SERVICES TO OTHER AGENCIES, FORM ADOP 56E

S-228

This report (Form Adop 56E) is designed to provide data on requests for services relative to adoption cases referred to the agency. It is divided into three columns for requests received from: (1) Out of State, (2) SDSW, and (3) Another California Agency. (See Manual of Adoption Policies and Procedures, Secs. 2710-00 through 2740-00)

(W&IC 115, 116)

S-290 (Continued)

FORM ADOP 56 B

S-290

State of California

Department of Social Welfare

CHILDREN FREE FOR ADOPTION* --
RELINQUISHMENT PROGRAM
MONTHLY STATISTICAL REPORT

COUNTY

AGENCY

REPORT FOR MONTH OF

Submit in duplicate to the Bureau of Research and Statistics,
State Department of Social Welfare, 616 K Street,
Sacramento 14, California.

- | | Total
(1) | Relinquish-
ments
Signed
(2) | Actions in
lieu of Re-
linquishment
(3) |
|--|--------------|---------------------------------------|--|
| 1. Children free for adoption at beginning of month (Item 5 of last month's report)..... | | | |
| 2. Children relinquished; Column 3, Other actions taken during month**..... | | | |
| 3. Total children (Item 1 + 2)..... | | | |
| 4. Change in status during month (Item 4a + 4b + 4c)..... | | | |
| a. Children placed for adoption [Item 4a (1) + 4a (2)] .. | | | |
| (1) By this agency***..... | | | |
| (2) By another adoption agency under cooperative agreement..... | | | |
| b. Relinquishment rescinded [Item 4b (1) + 4b (2)] | | | XXX |
| (1) Before filing with SDSW..... | | | XXX |
| (2) After filing with SDSW..... | | | XXX |
| c. Other (Specify below)..... | | | |
| 5. Children free for adoption at end of month (Item 3 minus 4; in Column 2, Item 5a + 5b)..... | | | |
| a. Relinquishment filed with SDSW..... | XXXXXXXXXXXX | | XXXXXXXXXXXX |
| b. Relinquishment not filed with SDSW..... | XXXXXXXXXXXX | | XXXXXXXXXXXX |

* Exclude children relinquished to another agency or children for whom another agency has taken action in lieu of relinquishment.

** In Column 3 include children free for adoption for whom neither relinquishment nor action in lieu of relinquishment is required.

*** Entry in Column 1 never less than entry in Item 11a(1) of Form Adop 56A.

Signature of Reporting Officer _____ Title _____

Date _____

Form Adop 56B, Revised

(Section Continued on Next Page)

S-290 STATISTICAL FORMS

FORM ADOP 56A

S-290

State of California

Department of Social Welfare

APPLICATIONS AND HOMES APPROVED FOR
ADOPTIVE PLACEMENTS - RELINQUISHMENT PROGRAM
MONTHLY STATISTICAL REPORT

COUNTY

AGENCY

REPORT FOR MONTH OF

Submit in duplicate to Bureau of Research and Statistics, SDSW, 616 K Street, Sacramento 14, California.

PART A. REQUESTS

1. Requests received during month.....
2. Requests screened by preliminary interview.....

PART B. APPLICATIONS

3. Pending from last month (Same as Item 7 of last month's report)..
4. Signed during month.....
5. Total applications (Item 3 + 4).....
6. Disposed of during month (Item 6a + 6b + 6c + 6d).....
- a. Approved.....
- b. Denied.....
- c. Withdrawn.....
- d. Other (Specify below).....
7. Pending at end of month (Item 5 minus 6, also Item 7a + 7b).....
- a. Home study in process.....
- b. Home study not in process.....

PART C. APPROVED HOMES AVAILABLE FOR ADOPTIVE PLACEMENTS

8. Approved homes available for adoptive placements, beginning of month (Same as Item 12 of last month's report).....
9. Homes approved during month (Same as 6a).....
10. Total homes (Item 8 + 9).....
11. Approved homes disposed of during month (Item 11a + 11b + 11c + 11d)
- a. Homes in which adoptive placements were made (Item 11a(1) + 11a(2)).....
- (1) Used for this agency's children.....
- (2) Used for children from another adoption agency.....
- b. Approval canceled by agency.....
- c. Application withdrawn by applicant.....
- d. Other (Specify below).....
12. Approved homes available for adoptive placement, end of month (Item 10 minus 11).....

Signature of Reporting Officer

Title

Date

Form Adop 56A, Revised

(Section Continued on Next Page)

S-290 (Continued)

FORM ADOP 56D

S-290

State of California

Department of Social Welfare

INDEPENDENT ADOPTIONS - COUNTY AGENCIES

COUNTY

AGENCY

MONTHLY STATISTICAL REPORT

REPORT FOR MONTH OF

Submit in duplicate to Bureau of Research and Statistics, SDSW, 616 K Street, Sacramento 14, California.	TOTAL (Sum of Columns 2, 3, 4, and 5; excluding Column 2A) (1)	NEW PETITIONS		REOPENED (3)	APPEALS (4)	PETITION TO WITHDRAW CONSENT (5)
		TOTAL (2)	EXTENSIONS (2A)*			
1. Pending from last month (Item 5 last month).....						
2. Added during month.....						
3. Total active during month (Item 1 + 2).....						
4. Total disposed of during month (Item 4a + 4b).....						
a. Court reports completed (Sum of Items 4a(1) through 4a(4)).....						
(1) Approval recommended						
(2) Denial recommended..						
(3) Dismissed.....						
(4) Report only.....						
b. Other dispositions (Sum of Items 4b(1) through 4b(3)).....						
(1) Returned to inactive file.....		XXXXXX	XXXXXXXX		XXXXXXXX	XXXXXXXXXXXX
(2) Transferred to another agency....					XXXXXXXX	
(3) Transferred as step- parent case.....					XXXXXXXX	XXXXXXXXXXXX
5. Pending at end of month (Item 3 minus 4).....						

* Also included in Column 2.

Signature of Reporting officer_____

Title_____

Date_____

Form Adop 56D, Revised

(Section Continued on Next Page)

S-290 (Continued)

FORM ADOP 56C

S-290

State of California

Department of Social Welfare

ADOPTION PLACEMENT SERVICES

RELINQUISHMENT PROGRAM

MONTHLY STATISTICAL REPORT

COUNTY

AGENCY

REPORT FOR MONTH OF

PART A. REQUESTS TO ARRANGE ADOPTIVE PLACEMENTS

1. Pending from last month (Item 5 of last month's report).....
2. Received during month.....
3. Total (Item 1 + 2).....
4. Disposition of Requests during month
(Item 4a + 4b + 4c + 4d).....
 - a. Child accepted for study or supervision (Same as Item 7).....
 - b. Decision made not to accept child
(Item 4b(1) + 4b(2) + 4b(3)).....
 - (1) Because of limited agency facilities.....
 - (2) Not within scope of agency program.....
 - (3) Child regarded as not adoptable.....
 - c. Request withdrawn.....
 - d. Other (specify below).....
5. Pending at end of month (Item 3 minus 4).....

Submit in duplicate to Bureau
of Research and Statistics,
State Department of Social
Welfare, 616 K Street,
Sacramento 14, California.

PART B. CHILDREN UNDER STUDY OR SUPERVISION

6. Pending from last month (Item 11 of last month's report).....
7. Accepted for study or supervision during month.....
8. Transferred under inter-agency placement agreements
during month.....
9. Total (Col. 1, Item 6 + 7; Cols. 1A and 2, Items 6 + 8).....
10. Service terminated during month (Sum of Items 10a
through 10f).....
 - a. Adoption completed.....
 - b. Child not adoptable.....
 - c. Parent kept or reclaimed child.....
 - d. Parent made independent placement.....
 - e. Lost contact.....
 - f. Other (specify reason e.g., child died, legal
status not clear).....
11. Under study or supervision at end of month (Sum of
Items 11a through 11e).....
 - a. In adoptive home.....
 - b. In foster home.....
 - c. Child Unborn.....
 - d. In maternity home.....
 - e. Elsewhere (specify whereabouts, e.g., hospital, institution).....

THIS AGENCY'S CHILDREN (Exclude Col. 2)

Total (Include Under Another Adop-
(1) Col. 1A) tion Agency's Care (1A)

Children From

Another Adop-
(2) tion Agency

XXXX

XXXX

XXXX

PART C. ADDITIONAL INFORMATION ON CHILDREN REPORTED IN ITEM 11

12. How many of the children in Item 11, Column 1, were under the supervision of another social agency (other than an adoption agency) or of another unit of the reporting agency? _____
13. Names of adoption agencies retaining responsibility for children reported in Item 11, Column 2:
(Show number of children from each agency)

A. _____

C. _____

B. _____

D. _____

Signature of Reporting Officer _____

Title _____

Date _____

Form Adop 56C, Revised

(Section Continued on Next Page)

S-290 (Continued)

FORM ADOP 56E

S-290

State of California

Department of Social Welfare

ADOPTION SERVICES TO OTHER AGENCIES

MONTHLY STATISTICAL REPORT

COUNTY _____

AGENCY _____

REPORT FOR MONTH OF _____

Submit in duplicate to Bureau of
Research and Statistics, SDSW, 616 K
Street, Sacramento 14, California.

REQUESTS RECEIVED FROM

OUT OF STATE

STATE DEPARTMENT OF
SOCIAL WELFAREANOTHER
CALIFORNIA AGENCY

1. PENDING FROM LAST MONTH.....

2. RECEIVED DURING MONTH.....

3. TOTAL REQUESTS FOR MONTH
(ITEMS 1 + 2).....

4. REQUESTS COMPLETED.....

5. PENDING AT END OF MONTH
(ITEMS 3 minus 4).....

SIGNATURE OF REPORTING OFFICER _____

TITLE _____

DATE _____

Form Adop 56E, Revised

S-305 (Continued)

S-305

Col. 3. Parent-child Care. A home giving parent-child care is defined as a private family home which offers board and room, or room alone, to parents with their children, including, as a clearly defined part of the services given, the care and supervision of the children while the parent is away, either at work or elsewhere.

Col. 4. Total. This column is the sum of Cols. 1, 2, and 3.

(W&IC 115, 116)

S-310 PART A - NEW APPLICATIONS, FORMS BHA 41 AND BHC 41

S-310

Report in Part A the opening inventory, receipt, disposition, and closing inventory of all new applications for licenses active during the month. A closed case which again becomes active is counted under this section.

Item 1. Pending First of Month. Enter the number of new applications which were pending at the end of last month. If Item 5 of last month's report was in error, the correct figure shall be shown in Item 1 and an explanation of the correction shall be made in a footnote.

Item 2. Received During Month. Enter the number of new applications for licenses received during the month. Include all applications received, even though some are subsequently withdrawn or not granted. Include withdrawn applications reactivated by verbal or written request of the applicant (SEE SEC. V-250 OF THE MANUAL OF BOARDING HOMES FOR AGED AND CHILDREN) and new applications required because of a change of address or a change of operator. Exclude licenses revised during the month if no new application was required; report in Item 19a.

Item 3. Total New Applications. Enter the sum of Items 1 and 2.

Item 4. Disposed of During Month. Enter the total number of new applications granted, denied, or withdrawn. This entry must equal Item 17 and the sum of Items 17a, 17b, and 17c.

Item 5. Pending End of Month. Enter the number of new applications which remained open for consideration at the end of the month. This is obtained by subtracting Item 4 from Item 3.

(W&IC 115, 116)

S-300 SUBMISSION OF MONTHLY STATISTICAL REPORTS ON BOARDING HOMES

S-300

Accredited licensing agencies shall submit monthly statistical reports to the SDSW on boarding home licensing activities. Form BHA 41, Monthly Statistical Report on Licensing of Boarding Homes for Aged, and Form BHC 41, Monthly Statistical Report on Licensing of Boarding Homes for Children, shall be submitted in triplicate to the Bureau of Research and Statistics, SDSW, 616 K Street, Sacramento 14. Reports are due not later than the 12th day of the month following the month covered by the reports.

These reports are not to be submitted by accredited inspection agencies, since the monthly statistical reports for these agencies are compiled by the SDSW.

(W&IC 115, 116)

S-305 INTRODUCTION - MONTHLY STATISTICAL REPORTS ON BOARDING HOMES, FORMS BHA 41 AND BHC 41

S-305

Column Definitions - BHA 41. Three columns are provided. The first two columns are used for separate counts of the two types of boarding homes for aged; the third column is used to enter the sum of the first two columns. The two types of boarding homes for aged are defined as follows:

- Col. 1. Private Homes. A private home for aged persons is one which is licensed to accept for board and care from 1 to 6 aged persons.
- Col. 2. Special Homes. A special boarding home for aged persons is one which is licensed to accept for board and care from 7 to 15 aged persons.
- Col. 3. Total. This column is the sum of Cols. 1 and 2.

Column Definitions - BHC 41. Four columns are provided. The first three columns are used for separate counts of the three types of boarding homes for children; the fourth column is used to enter the sum of the first three columns. The three types of children's boarding homes are defined as follows:

- Col. 1. Full-time Care. A home giving full-time care is defined as a private family home which accepts for twenty-four hour care one or more children to board, with or without compensation.
- Col. 2. Day Care. A home giving day care is defined as a private family home which accepts, for day care only, one or more children, with or without compensation.

(Section Continued on Next Page)

S-320 PART C - TOTAL CASELOAD, FORMS BHA 41 AND BHC 41

S-320

Item 11. Homes Brought Forward from Last Month. Enter the number of homes that were holding licenses at the end of last month. Include homes whose license expired on the last day of the preceding month even though a renewal license was not issued by the first of this month. If Item 15 of last month's report was in error, the correct figure shall be shown in Item 11 and an explanation of the correction shall be made in a footnote.

Note that the entry for Item 11 will not necessarily represent the number of licenses for which reimbursement is to be claimed for the month covered by the report. Hence Item 11 of this report may not be comparable with the number of valid licenses shown for this month on the monthly claims (Form BH 80).

Item 12. Licenses Issued During Month. Enter the number of new and renewal and revised licenses that were issued during the month. This must be the sum of Items 17a, 18a, and 19a.

Item 13. Total Licenses Active During Month. Enter the total number of licenses in effect at some time during the month. This is the sum of Items 11 and 12, and represents the number of licenses in effect, not the number of licensed homes. A home for which the renewal fell due and which was granted the renewal license in the same month, for example, actually had two licenses in effect during that month.

Item 14. Licenses Invalidated. Enter the total number of licenses which were discontinued or revoked or which expired (even though they were renewed this month) during the month. This entry must equal the sum of Items 14a, 14b, and 14c.

Item 14a. Current Licenses Discontinued. Enter the number of current licenses that were discontinued at the request of the boarding home operator, or were canceled by the agency because of change of address of the boarding home or change of operator of the home. Licenses revised because of change in type of care or change in number of children or aged for whom license was issued, shall be included in this item and shall also be reported in Item 19a. If there is a change in type of care, e.g., in BHC day care to full time care, the license is reported as discontinued in this item (and in Item 19b) in one column and the issuance of the revised license is shown in Item 19a in another column.

The entry in Item 19b is the same as the entry in this item.

Item 14b. Current Licenses Revoked. Enter the number of current licenses that were revoked by action of the SDSW. Do not include renewal applications that were denied (report such action in Item 18b), nor current licenses that were discontinued for reasons listed in the preceding paragraph.

(Section Continued on Next Page)

S-315 PART B - RENEWALS, FORMS BHA 41 AND BHC 41

S-315

- Item 6. Pending First of Month. Enter the number of renewals that were pending at the end of last month. If Item 10 of last month's report was in error, the correct figure shall be shown in Item 6 and and an explanation of the correction shall be made in a footnote.
- Item 7. Falling Due During Month. Enter the number of licenses that have automatically expired during the month because twelve months have elapsed since the licenses were issued. Enter all such expirations, whether or not renewal applications have been received. A license expiring on the last day of one month falls due on the first day of the following month and shall be included in this item on the following month's report.
- Item 8. Total Renewals. Enter the sum of Items 6 and 7.
- Item 9. Disposed of During Month. Enter the total number of renewal applications which were either granted, denied, withdrawn, or discontinued without reapplication during the month. This entry must equal Item 18 and the sum of Items 18a, 18b, 18c, and 18d.
- Item 10. Pending End of Month. Enter the number of renewals that remained open for consideration at the end of the month. This is obtained by subtracting Item 9 from Item 8. Renewals falling due during the month, but not disposed of, should be included in Item 10 as well as in Item 7. Items 10a and 10b show whether or not applications for renewal of license have been received by the agency.
- Item 10a. Renewal Applications Received.
- Item 10b. Renewal Applications Not Received.

(W&IC 005, 006)

S-325 (Continued)

S-325

- Item 18. Total Actions on Renewals. Enter the sum of Items 18a, 18b, 18c, and 18d.
- Item 18a. Granted. Enter the number of licenses that were renewed for another 12 months' period.
- Item 18b. Denied. Enter the number of applications for renewal which were not renewed because investigation showed they no longer met SDSW standards.
- Item 18c. Withdrawn. Enter the number of applications for renewal that were withdrawn before formal action was taken.
- Item 18d. Discontinued Without Reapplication. Enter the number of boarding homes for which licenses have expired and for which the operators have notified the agency that they do not wish to renew applications.
- Item 19. Total Actions on Current Licenses. Enter the sum of Items 19a, 19b, and 19c. Note that Item 19b is the same as Item 14a and that Item 19c is the same as Item 14b. Since Item 14c does not involve "actions," it is not reported again under Item 19.
- Item 19a. Revised License Issued, New Application Not Required. Enter the number of revised licenses issued during the month for which the operator was not required to sign a new application, e.g., change in capacity or, for children's boarding homes, type of care. Report the previous license in Items 14a and 19b, Current Licenses Discontinued. Note that if there is a change in classification, e.g., in BHC, day care to full time care, the current license will be reported as discontinued (Items 14a, 19b) in one column and the revised license (Item 19a) will be reported in the same month in another column.
- Item 19b. Current Licenses Discontinued. Enter the number of current licenses discontinued during the month, i.e., the number reported in Item 14a.
- Item 19c. Current Licenses Revoked. Enter the figure shown for Item 14b.
- Item 20. Total Actions. Enter the sum of Items 17, 18, and 19.

(W&IC 115, 116)

S-320 (Continued)

S-320

- Item 14c. Renewals Falling Due in Month. Enter the number of renewals falling due during the month as reported in Item 7.
- Item 15. Homes Licensed End of Month. Enter the number of homes holding licenses at the end of the month. This is obtained by subtracting Item 14 from Item 13. Items 15a and 15b (on Form BHC 41 only) show a breakdown of boarding homes by number of children for which licensed.
- Item 15a. Licensed for 1 to 6 Children. Enter the number of homes licensed for from 1 to 6 children.
- Item 15b. Licensed for 7 or More Children. Enter the number of homes licensed for 7 or more children.
- Item 16. Total Caseload. Enter the sum of Items 5, 10, and 15.
- (W&IC 115, 116)

S-325 PART D - TOTAL ACTIONS, FORMS BHA 41 AND BHC 41

S-325

Report in Part D actions taken on new applications, renewal applications and licenses discontinued or revoked, and the number of revised licenses issued during the month excluding revised licenses for which new applications were required. Item 17 (i.e., the sum of Items 17a, 17b, and 17c) must equal Item 4 (New Applications Disposed of); and Item 18 (i.e., the sum of Items 18a, 18b, 18c, and 18d) must equal Item 9 (Renewal Applications Disposed of). Item 19b must equal Item 14a, and Item 19c must equal Item 14b.

- Item 17. Total Actions on New Applications. Enter the sum of Items 17a, 17b, and 17c.
- Item 17a. Granted. Enter the number of new applications on which licenses were issued during the month, including new licenses issued to cover changes in address or operator.
- Item 17b. Denied. Enter the number of new applications for licenses that were denied during the month because the boarding home did not meet the standards of the SDSW.
- Item 17c. Withdrawn. Enter the number of new applications for licenses that were withdrawn during the month or were canceled by the agency, prior to decision on the application, because of change of address of the applicant, or because of change in operator of the home.

(Section Continued on Next Page)

**S-340 SUBMISSION OF MONTHLY STATISTICAL REPORT ON CHILDREN
UNDER FOSTER CARE****S-340**

Monthly and quarterly statistical reports on Form CPA 41 shall be submitted by the following:

1. Private child placing agencies licensed by the SDSW (except agencies which are exclusively adoption agencies).
2. County welfare departments which supervise children under foster care.

Three copies of Form CPA 41 (both the monthly and quarterly reports) shall be submitted to the Bureau of Research and Statistics, SDSW, 616 K Street, Sacramento 14. Reports are due not later than the 12th of the month following the month covered by the report. Reports shall be submitted each month even though no children under foster care are supervised during the month by the reporting agency.

(W&IC 115, 116)

S-345 INTRODUCTION - STATISTICAL REPORT ON CHILDREN UNDER FOSTER CARE**S-345**

Form CPA 41 includes:

1. Monthly data on the number of children under foster care supervised by the reporting agency and the number of children for whom such foster care service was terminated, and
2. Quarterly data on the location by county of the children under foster care and the number of foster homes and institutions in use.

Include the following:

1. Children in foster care (both those under 16 and those over 16 years of age) who are being supervised by the reporting agency whether or not the placement was made by the agency.
2. Children supervised by the reporting agency whether the facility is licensed, unlicensed, or not subject to license. This includes facilities under the licensing jurisdiction of the SDSW, the State Department of Mental Hygiene, or the State Department of Public Health.

(Section Continued on Next Page)

S-330 PART E - ACTIVE INQUIRIES, FORMS BHA 41 AND BHC 41

S-330

Note: This section may be omitted at the option of the reporting agency.

Active inquiries are cases on which applications have not been filed, but which are kept open for further action.

This shall include the following types of cases:

1. Unlicensed homes in which there are unrelated children or aged persons (including those referred by other agencies, those on which complaints have been received, etc.).
2. Potential applicants who have made inquiry by letter, telephone or office interview, but have not decided whether or not they wish to file an application and on which further contact by the agency is indicated.
3. Potential applicants who have requested and been given application forms which have not been returned.

Do not include requests for information, referrals to other agencies or homes, or general correspondence.

Item 21. Pending First of Month. Enter the number of active inquiries that were opened at the end of last month. If Item 26 of last month's report was in error, the correct figure shall be shown in Item 21 and an explanation of the correction shall be made in a footnote.

Item 22. Opened During Month. Enter the number of cases opened as active inquiries during the month.

Item 23. Total Active Inquiries. Enter the sum of Items 21 and 22.

Item 24. Active Inquiries on Which Applications Filed. Enter the number of active inquiries that were closed because applications for licenses were filed during the month.

Item 25. Closed for Other Reasons. Enter the number of active inquiries that were closed for other reasons during the month.

Item 26. Active Inquiries End of Month. Enter the number of active inquiries that were open at the end of the month. The entry should equal Item 23 minus the sum of Items 24 and 25.

(W&IC 115, 116)

S-335 PURPOSE OF STATISTICAL REPORT ON CHILDREN UNDER FOSTER CARE

S-335

The purpose of the report on Form CPA 41 is to provide the SDSW with data on the number and location of children in foster care under the supervision of private child placing agencies and county welfare departments and on the type of facilities in which the children are placed.

(W&IC 115, 116)

S-350 (Continued)

S-350

Item 1. Foster Children Supervised by This Agency on First Day of Month. Enter in the appropriate column the number of children receiving foster care and who are under the supervision of the agency on the first day of the month. The entries in this item should agree with the entries in the corresponding columns of Item 5 of last month's report. If Item 5 of last month's report was in error, the correct figures shall be shown in Item 1 and an explanation of the correction shall be made in a footnote.

Item 2. Children Accepted by This Agency for Placement and/or Supervision in Foster Care During Month. Enter in the appropriate column the number of children who were:

1. Placed under foster care and supervised by your agency during the month or
2. Who were receiving foster care and were placed under the supervision of your agency during the month.

A child moved from foster family care to an institution, or vice versa, is to be reported in this item in the month in which the transfer takes place.

Item 3. Total Foster Children Supervised by This Agency During Month. Enter in each column the sum of the entries in Items 1 and 2 in that column.

Item 4. Supervised Foster Children Whose Care was Terminated During Month. Enter in the appropriate column the number of children for whom foster care was terminated during the month. A child moved from a foster family home to an institution is to be reported as a termination from foster family care, and vice versa. Children placed in a foster family home during this month or in a previous month and moved to another foster home during this month are to be excluded from this item. This applies also to children moved from one institution to another. Foster care for a child is to be considered terminated during the month in which the agency learns that the child is in the home of persons who have filed an independent petition to adopt the child or during the month in which a child relinquished to the agency is placed in the home of adoptive parents.

Item 5. Foster Children Supervised by This Agency on Last Day of Month. Enter in each column the difference between the entries in Items 3 and 4 in that column.

(W&IC 115, 116)

S-345 (Continued)

S-345

Exclude the following:

1. Children in homes of
 - a. Persons who have filed petitions for their adoption, or
 - b. Persons with whom a relinquished child has been placed for adoption
2. Children under day care only
3. Children under supervision by the agency in their own homes or in homes of close relatives
4. Children placed by parents, guardians, relatives, or probation officers for whom the reporting agency has no responsibility for supervision, including cases where referral service has been given.

(W&IC 115, 116)

**S-350 INSTRUCTIONS FOR COMPLETING MONTHLY STATISTICAL REPORT ON
CHILDREN UNDER FOSTER CARE, FORM CPA 41**

S-350

Two columns are provided for reporting the type of foster care which the children placed and/or supervised by your agency are receiving. The two columns are to be mutually exclusive. A child moved from a boarding home to an institution, or vice versa, is to be reported as a foster care termination (Item 4) in one column and as a placement (Item 2) in the other column in the month in which the transfer takes place. Movements of children from one boarding home to another, or from one institution to another institution, during the same or different months, are not to be reported unless they result in a change in the agency supervising the child.

- Col. 1. Foster Family Care. Include children receiving care in a private family home which accepts for 24-hour care, with or without compensation, one to fifteen children (inclusive). However, if the home is so organized or administered that its service is essentially institutional in character, consider it an institution regardless of the number of children for whom care is provided.
- Col. 2. Institutional Care. Include children receiving care in a home which accepts for 24-hour care sixteen or more children, or which is so organized or administered that its service is essentially institutional in character regardless of the number of children for whom care is provided.

(Section Continued on Next Page)

S-365 INSTRUCTIONS FOR COMPLETING FORM BHC 41.1, MONTHLY STATISTICAL
REPORT OF FOSTER HOMES APPROVED FOR EXCLUSIVE USE BY PRIVATE
CHILD PLACING AGENCY

S-365

- Item 1. Number of Approved Homes at Beginning of Month. Enter the number of homes which were approved for exclusive use as of the beginning of the month. The entry in this item should agree with Item 5 of last month's report. If Item 5 of last month's report was in error, the correct figure shall be shown in Item 1 and an explanation of the correction shall be made in a footnote.
- Item 2. Number of Homes Approved During Month. Enter the number of homes which were added during the month. Include any home whether newly approved or a home reactivated for exclusive use which might have been previously approved for exclusive use.
- Item 3. Total Number of Approved Homes During Month. Enter the sum of Items 1 and 2.
- Item 4. Number of Homes Discontinued During Month. Enter the number of homes for which approval for exclusive use was terminated during the month. Include homes terminating all care of children and homes terminating child care exclusively for the agency.
- Item 5. Number of Approved Homes at End of Month. Enter the number of homes approved for exclusive use at the end of the month. This item is equal to Item 3 minus Item 4.

(WELIC 115, 116)

S-355 INSTRUCTION FOR COMPLETING QUARTERLY REPORT ON LOCATION BY
COUNTY OF CHILDREN SUPERVISED IN FOSTER CARE

S-355

Complete this report quarterly for children supervised on the last day of the following months (as reported in Item 5 of the report for that month): March, June, September, and December.

County of Location. Enter in this column the counties in which children placed by your agency are located on the last day of the month.

- Col. 1. Number of Children in Foster Family Homes. Enter opposite the county name the number of children placed by your agency in foster homes located in that county. Enter the total of the entries in this column opposite "Total" at the foot of the column. This figure should be the same as the entry in Item 5, Column 1, of the monthly report.
- Col. 2. Foster Family Homes in Use. Enter opposite the appropriate county the number of foster family homes in use by your agency in that county. Enter the total of the entries in this column opposite "Total" at the foot of the column.
- Col. 3. Number of Children in Institutions. Enter opposite the county name the number of children placed by your agency in institutions located in that county. Enter the total of the entries in this column opposite "Total" at the foot of the column. This figure should be the same as the entry in Item 5, Column 2, of the monthly report.
- Col. 4. Number of Institutions in Use. Enter opposite the appropriate county the number of institutions in use by your agency in that county. Enter the total of the entries in this column opposite "Total" at the foot of the column.

(W&IC 115, 116)

S-360 SUBMISSION OF MONTHLY STATISTICAL REPORT OF FOSTER HOMES
APPROVED FOR EXCLUSIVE USE BY PRIVATE CHILD PLACING AGENCY

S-360

Monthly reports on Form BHC 41.1 shall be submitted by all private child placing agencies licensed by the SDSW to approve homes for exclusive use.

Three copies of Form BHC 41.1 shall be submitted to the Bureau of Research and Statistics, SDSW, 616 K Street, Sacramento 14. Reports are due not later than the 12th of the month following the month covered by the report. Reports shall be submitted each month even though no homes have been approved during the month.

(W&IC 115, 116)

S-390 (Continued)

FORM BHC 41

S-390

State of California

Department of Social Welfare

MONTHLY STATISTICAL REPORT ON LICENSING OF
BOARDING HOMES FOR CHILDREN

Agency _____

Month _____

	Full-Time Care	Day Care	Parent - Child Care	Total
A. NEW APPLICATIONS				
1. Pending first of month (Item 5 last month).....				
2. Received during month.....				
3. Total new applications (Item 1 plus 2).....				
4. Disposed of during month (Item 17).....				
5. Pending end of month (Item 3 minus 4).....				
B. RENEWALS				
6. Pending first of month (Item 10 last month).....				
7. Falling due during month (Item 14c).....				
8. Total renewals (Item 6 plus 7).....				
9. Disposed of during month (Item 18).....				
10. Pending end of month (Item 10a plus 10b).....				
a. Renewal applications received.....				
b. Renewal applications not received.....				
C. TOTAL CASELOAD				
11. Homes brought forward from last month (Item 15 last month).....				
12. Licenses issued during month (Sum of Items 17a, 18a, and 19a).....				
13. Total licenses active during month (Item 11 plus 12).....				
14. Licenses invalidated (Sum of Items 14a, 14b, and 14c).....				
a. Current licenses discontinued (Item 19b).....				
b. Current licenses revoked (Item 19c).....				
c. Renewals falling due in month.....				
15. Homes licensed end of month (Item 13 minus 14; also Item 15a plus 15b).....				
a. Licensed for 1 to 6 children.....				
b. Licensed for 7 or more children.....			XXXX	
16. Total Caseload (Sum of Items 5, 10, and 15).....				
D. TOTAL ACTIONS				
17. Total actions on new applications (Sum of Items 17a, 17b, and 17c).....				
a. Granted.....				
b. Denied.....				
c. Withdrawn.....				
18. Total actions on renewals (Sum of Items 18a through 18d).....				
a. Granted.....				
b. Denied.....				
c. Withdrawn.....				
d. Discontinued without reapplication.....				
19. Total actions on current licenses (Sum of Items 19a, 19b, and 19c).....				
a. Revised license issued, new application not required.....				
b. Current licenses discontinued (Item 14a).....				
c. Current licenses revoked (Item 14b).....				
20. Total actions (Sum of Items 17, 18, and 19).....				
E. ACTIVE INQUIRIES (THIS SECTION OPTIONAL)				
21. Pending first of month (Item 26 last month).....				
22. Opened during month.....				
23. Total active inquiries (Item 21 plus 22).....				
24. Active inquiries on which applications filed.....				
25. Closed for other reasons.....				
26. Active inquiries end of month (Item 23 minus Items 24 and 25).....				

SIGNATURE OF REPORTING OFFICER _____

TITLE _____

Submit in triplicate to the Bureau of Research and Statistics,
State Department of Social Welfare, 616 K Street, Sacramento 14,
California

DATE _____

Form BHC 41, Revised

S-390 STATISTICAL FORMS

FORM BHA 41

S-390

State of California

Department of Social Welfare

MONTHLY STATISTICAL REPORT ON LICENSING OF
BOARDING HOMES FOR AGED

Agency

Month

	PRIVATE HOMES (1 to 6 PERSONS)	SPECIAL HOMES (7 to 15 PERSONS)	TOTAL
A. NEW APPLICATIONS			
1. Pending first of month (Item 5 last month).....			
2. Received during month.....			
3. Total new applications (Item 1 plus 2).....			
4. Disposed of during month (Item 17).....			
5. Pending end of month (Item 3 minus 4).....			
B. RENEWALS			
6. Pending first of month (Item 10 last month).....			
7. Falling due during month (Item 14c).....			
8. Total renewals (Item 6 plus 7).....			
9. Disposed of during month (Item 18).....			
10. Pending end of month (Item 10a plus 10b).....			
a. Renewal applications received.....			
b. Renewal applications not received.....			
C. TOTAL CASELOAD			
11. Homes brought forward from last month (Item 15 last month) ..			
12. Licenses issued during month (Sum of Items 17a, 18a, and 19a) ..			
13. Total licenses active during month (Item 11 plus 12).....			
14. Licenses invalidated (Sum of Items 14a, 14b & 14c).....			
a. Current licenses discontinued (Item 19b).....			
b. Current licenses revoked (Item 19c).....			
c. Renewals falling due in month.....			
15. Homes licensed end of month (Item 13 minus 14).....			
16. Total caseload (Sum of Items 5, 10 & 15).....			
D. TOTAL ACTIONS			
17. Total actions on new applications (Sum of Items 17a, 17b & 17c) ..			
a. Granted.....			
b. Denied.....			
c. Withdrawn.....			
18. Total actions on renewals (Sum of Items 18a through 18d).....			
a. Granted.....			
b. Denied.....			
c. Withdrawn.....			
d. Discontinued without reapplication.....			
19. Total actions on current licenses (Sum of Items 19a, 19b & 19c) ..			
a. Revised license issued, new application not required....			
b. Current licenses discontinued (Item 14a).....			
c. Current licenses revoked (Item 14b).....			
20. Total actions (Sum of Items 17, 18, 19).....			
E. ACTIVE INQUIRIES (THIS SECTION OPTIONAL)			
21. Pending first of month (Item 26 last month).....			
22. Opened during month.....			
23. Total active inquiries (Item 21 plus 22).....			
24. Active inquiries on which applications filed.....			
25. Closed for other reasons.....			
26. Active inquiries end of month (Item 23 minus Items 24 & 25) ..			

SIGNATURE OF REPORTING OFFICER

TITLE

Submit in triplicate to the Bureau of Research and Statistics,
State Department of Social Welfare, 516 K Street, Sacramento 14,
California.

DATE

Form BHA 41, Revised

State of California

Department of Social Welfare

MONTHLY STATISTICAL REPORT ON CHILDREN UNDER FOSTER CARE

Agency _____ Report for Month of _____ 19____

County _____

Foster Children Placed and/or Supervised by this Agency	Foster Family Care 1	Institutional Care 2
1. Foster children supervised by this agency on first day of month (Item 5 last month)		
2. Children accepted by this agency during month for placement and/or supervision in foster care during month.		
3. Total foster children supervised by this agency during month (Item 1 plus Item 2).		
4. Supervised foster children whose care was terminated during month		
5. Foster children supervised by this agency on last day of month (Item 3 minus Item 4)		
Show breakdown of Item 5 quarterly as outlined in report below: . .	XXXXXXXXXX	XXXXXXXXXX

QUARTERLY REPORT

Location by County of Children Supervised in Foster Care

(COMPLETE THIS REPORT FOR CHILDREN SUPERVISED ON THE LAST DAY OF THE
FOLLOWING MONTHS - MARCH, JUNE, SEPTEMBER, & DECEMBER)

Report for Quarter Ending _____ 19____

County of Location	Number of Children In Foster Family Homes 1	Foster Family Homes In Use 2	Number of Children In Institutions 3	Number of Institutions In Use 4
A.				
B.				
C.				
D.				
E.				
F.				
G.				
H.				
(Total Col. 1 = Item 5, Col. 1)				
Total (Total Col. 3 = Item 5, Col. 2)				

Signature of Reporting Officer _____ Title _____

Date _____

Submit in triplicate to the Bureau of Research and Statistics, State
Department of Social Welfare, 616 K Street, Sacramento 14, California.

Form CPA 41, Revised

State of California

Department of Social Welfare

MONTHLY STATISTICAL REPORT ON FOSTER HOMES APPROVED FOR
EXCLUSIVE USE BY PRIVATE CHILD PLACING AGENCY

Agency _____ Report for Month of _____ 19 _____

1. Number of approved homes at beginning of month _____
2. Number of homes approved during month. _____
3. Total number of approved homes during month. _____
4. Number of homes discontinued during month. _____
5. Number of approved homes at end of month _____

Signature of Reporting Officer _____ Title _____

Date _____

Submit in triplicate to the Bureau of Research and Statistics, State Department of Social Welfare,
616 K Street, Sacramento 14, California.

Form BHC 41.1, Revised

(Section Continued on Next Page)

Certified as a Regulation (or
as Regulations) of the

Dept of Social Welfare
(Name of State Agency)

Charles L Schockland,
(Signature)

Director
(Title)

11-21-52
(Date)

AREA OFFICES

LOS ANGELES OFFICE
MICHIGAN 8411
MIRROR BUILDING
145 SOUTH SPRING STREET
12

SACRAMENTO OFFICE
GILBERT 2-4711
924 NINTH STREET
14

SAN FRANCISCO OFFICE
EXBROOK 2-8751
GRAYSTONE BUILDING
948 MARKET STREET
2

Earl Warren
Governor

STATE HEADQUARTERS

SACRAMENTO
GILBERT 2-4711
616 K STREET
14

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND
DIRECTOR

November 21, 1952

ADDRESS REPLY TO:

616 K Street
Sacramento 14

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare with Boarding Home Manual Letter No. 27 and 28.

These regulations were adopted by the State Social Welfare Board on August 22, 1952, and October 24, 1952, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Section 103, and are being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

Charles I. Schottland

Charles I. Schottland
Director

Attachments

FILED

in the Office of the Secretary of State
of the State of California

NOV 21 1952

At 2:58 P M.

FRANK M. JORDAN, Secretary of State

B, *[Signature]*
Assistant Secretary of State

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14
September 4, 1952

BOARDING HOME MANUAL LETTER NO. 27

The attached revisions numbered 115 through 117 are to be entered in your copy of the Manual of Boarding Homes for Aged and Children and the revision numbers canceled on the inside of the manual cover.

The revision to Sec. V-480 was adopted by the Social Welfare Board on August 22, 1952, to be effective October 1, 1952. This section was revised to eliminate the requirement that copies of licenses be filed with the SDSW and to bring it into conformity with Sec. F-850 of the Manual of Fiscal Policies and Procedures.

In Appendix VIII the address of the Stanislaus County Welfare Department has been changed, Ventura Department of Social Welfare has been changed from an "inspection" agency to an "accredited" agency, and Ventura Probation Department has been deleted.

FILED

in the Office of the Secretary of State
of the State of California

NOV 21 1952

At 2:59 o'clock P M.

FRANK M. JORDAN, Secretary of State

By _____
Assistant Secretary of State

V-460 (Continued)

V-460

For foster homes offering year-round care to less than sixteen children, including the foster mother's own children under sixteen years, and offering summer care to sixteen or more children, the licensing agency issues the license for year-round care. The SDSW will be responsible for issuing a license for the care of the additional children during the summer.

Any other limitations indicated by the study shall be written on the license or included in the transmittal letter.

V-470 RELIGION

V-470

The religion of the foster home may be designated on the license, or this information may be omitted. Such designation, if made on the license, is not intended as a limitation but rather as a guide in making referrals or placements.

V-480 ROUTING OF LICENSE FORMS (LICENSING AGENCY)

V-480

The original license shall be transmitted to the foster mother or boarding home operator with any special instructions and material such as register forms and other pertinent information on diet, home pasteurization of milk, etc. (See Sec. V-340 for other information to be given foster mother or operator either before or at time of issuance of license.)

One duplicate of the license form or carbon copy of information contained thereon shall remain in the case record.

V-500 RENEWAL CONTROL

V-500

After the license is issued the accredited agency shall enter the case name and expiration date of license in a control file in order that the case will automatically come to attention at least thirty days or other suitable interval before renewal is due.

V-510 RENEWAL OF LICENSE - DUTY OF AGENCY

V-510

Accredited agencies shall secure renewal applications and make renewal studies and reports as these become due. A boarding home license must be renewed annually and a renewal application must be filled each year. (W&IC 1624, 2304) Renewal investigation shall be completed as soon as administratively possible.

V-520 RENEWAL APPLICATION

V-520

Application for renewal of license shall be filed at least ten days prior to its expiration each year. (W&IC 1624, 2304) Foster parents and operators shall be requested to file a renewal application (Form BHC 11 or BHC 11.1). This request may be made during the thirty days before expiration of license or sooner. The request to file a renewal application may be by personal interview. However, the use of a form letter such as that suggested below may be more satisfactory:

(Section Continued on Next Page)

V-430 DENIAL OF LICENSE (INSPECTION AGENCY)

V-430

The same procedure is followed by inspection agencies, except that the agency shall notify the SDSW of its recommendation of denial and the SDSW will, if it concurs in the recommendation, send a letter of denial to the applicant, with a copy to the agency.

V-440 EFFECTIVE DATE OF LICENSE

V-440

No license, original or renewal, shall be issued or bear an effective date prior to completion of the social study.

A boarding home license expires one year from the effective date, unless the license is automatically cancelled by change of address, or is terminated by revocation, request for cancellation, etc. For example, a license effective as of 4/1/46 becomes void at the end of the day on 3/31/47.

The effective date of a license may be the date actually issued, or a subsequent date. For example: License expires 5/31/46; investigation completed 5/20/46, and renewal issued 5/21/46 bearing effective date of 6/1/46.

A license shall not be pre-dated to expiration date of previous license in those instances where the license has automatically expired and a renewal remains pending for a period of time.

V-450 LICENSE NUMBER AND CASE NUMBER

V-450

Each license shall bear the case number and symbol (e.g. BHA, BHC) by which the boarding home case is identified. The case number and symbol may be used in lieu of license number, or, if desired by the licensing agency, both case number and license number may be used.

V-460 LIMITATIONS - NUMBERS, TYPES, ETC.

V-460

The license shall specify the maximum number and the ages and sex of foster children, or the maximum number of aged guests to be accommodated at any one time.

For foster family day care homes the license shall state "For day care only".

When facilities are not adequate to care for non-ambulatory aged guests, even for temporary periods, the license shall state "Ambulatory aged only".

For foster homes which operate a summer program for a larger number of children on the same premises used for year-round care, the license shall clearly state both the number of children permitted for year-round care and the number of children permitted for summer care. If the summer capacity cannot be or has not been determined at the time license is issued for year-round care, a new license shall be issued by the licensing agency when the summer capacity is determined. This license shall indicate the number permitted for year-round care as well as the number for whom summer care is authorized.

(Section Continued on Next Page)

VIII (Continued)

VIII

<u>COUNTY</u>	<u>AGENCY</u>	<u>CHILDREN'S BOARDING HOMES</u>	<u>AGED BOARDING HOMES</u>
TUOLUMNE	Tuolumne County Welfare Dept. P.O. Box 428 (Court House) Sonora, California	Accredited	Accredited
VENTURA	Department of Social Welfare P.O. Box 1210 (121 No. Fir St.) Ventura, California	Accredited	Accredited
YOLO	County Welfare Department P.O. Box 176 (Court House) Woodland, California	Accredited	Accredited
YUBA	Yuba County Welfare Dept. 313 C Street Marysville, California	Accredited	Accredited

VIII (Continued)

<u>COUNTY</u>	<u>AGENCY</u>	<u>CHILDREN'S BOARDING HOMES</u>	<u>AGED BOARDINGS HOMES</u>
SANTA CRUZ	County Social Welfare Dept. 414 Water Street Santa Cruz, California	Accredited	Accredited
SHASTA	Shasta County Welfare Dept. P.O. Box 912 (Court House) Redding, California	Accredited	Accredited
SIERRA	County Welfare Department Ross L. Taylor Bldg. Downieville, California	Accredited	Accredited
SISKIYOU	Siskiyou County Welfare Department 210 So. Main Street Yreka, California	Accredited	Accredited
SOLANO	Solano County Welfare Dept. 321 Tuolumne Street Vallejo, California	Accredited	Accredited
SONOMA	Social Service Department Court House Annex 207 Exchange Avenue Santa Rosa, California	Accredited	Accredited
STANISLAUS	Stanislaus County Welfare Dept. P.O. Box 1727 (1030 Scenic Drive) Modesto, California	Accredited	Accredited
SUTTER	County Welfare Department P.O. Box 712 (459 Second St.) Yuba City, California	Accredited	Accredited
TEHAMA	County Welfare Department 612 Washington Street Red Bluff, California	Accredited	Accredited
TRINITY	Department of Public Welfare Court House Weaverville, California	Accredited	Accredited
TULARE	Department of Public Welfare P.O. Box 671 (408 E. Murray St.) Visalia, California	Accredited	Accredited

(Section Continued on Next Page)

AREA OFFICES

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948 MARKET STREET
2

Earl Warren

STATE HEADQUARTERS

SACRAMENTO
GILBERT 2-4711
616 K STREET
14

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND
DIRECTOR

November 21, 1952

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

ADDRESS REPLY TO:

616 K Street
Sacramento 14

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare with Adoption Manual Letter No. 31.

These regulations were adopted by the State Social Welfare Board on October 24, 1952, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Section 103, and are being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

Charles I. Schottland

Charles I. Schottland
Director

Attachments

FILED

In the Office of the Secretary of State
of the State of California

NOV 21 1952

At 2:59 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By *[Signature]*
Assistant Secretary of State

Certified as a Regulation (or
as Regulations) of the

Dept of Social Welfare
(Name of State Agency)

Charles D. Scotland
(Signature)

Director
(Title)

11-21-52
(Date)

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

616 K STREET
SACRAMENTO 14
November 19, 1952

FILED
In the Office of the Secretary of State
of the State of California

NOV 21 1952

At 2:59 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By _____
Assistant Secretary of State

ADOPTION MANUAL LETTER NO. 31

The attached revisions numbered 171 through 174 are to be entered in your copy of the Manual of Adoption Policies and Procedures and the revision numbers canceled on the inside of the manual cover.

These revisions were adopted by the Social Welfare Board on October 24, 1952, to be effective January 1, 1953.

Sec. 2900-00 has been revised to delete instructions on submittal of adoption statistical reports. Instructions for these reports are now contained in Chapter II of the Manual of Statistical Policies and Procedures.

The following sections are deleted on January 1, 1953, and should be removed from the manual:

2902-00	2909-00
2904-00	2920-00
2906-00	
2908-00	

The following forms in Sec. 2999-00 are obsolete on January 1, 1953, and should be removed from the manual:

Adop M56
Adop M56A
Adop M56B
Adop M56C
Adop M56D

Form Adop M56E is also obsolete. (A revised page deleting Form Adop M56E from Sec. 2999-00 will be issued later.)

Attached is a revised page for the Table of Contents in the front of the manual and a revised page to replace the Table of Contents for the Statistical Procedures Chapter.

Department Bulletin No. 447 is obsolete on January 1, 1953.

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Forms Used in Statistical Procedures.	2999-00

2910-00 INDIVIDUAL RECORD CARD - INDEPENDENT ADOPTIONS,
FORM ADOP 42(I)

2910-00

Reporting Agencies

Public adoption agencies and staff of the SDSW responsible for the investigation of "independent" adoptions shall submit reports on Form Adop 42(I), Individual Record Card - Independent Adoptions.

Coverage

Form Adop 42(I) shall be completed for each child involved in an independent adoption case, only when the first report with a recommendation is submitted to the court.

Submittal Instructions

One copy of Form Adop 42(I) shall be sent to the SDSW, Bureau of Research and Statistics, 616 K Street, Sacramento 14, when the court report is filed.

General Instructions for Completion of Form Adop 42(I)

If more than one child is being adopted by the same petitioner(s), a Form Adop 42(I) shall be completed for each child.

If the child has been the subject of a previous adoption which was acted on by the court, a new Form Adop 42(I) is to be prepared in the current adoption action.

All Applicable Items Require Entries

All available information shall be utilized to complete the form as fully and accurately as possible.

If no significant entry can be made, enter a dash or draw a line across the item. Note, however, that this should never be done to report "no," "none," or "unknown," but only "not applicable."

2911-00 IDENTIFICATION AND ACTION, FORM ADOP 42(I)

2911-00

Investigated by: Check the appropriate box to indicate whether the schedule is being submitted by the SDSW or a county agency.

State Number: Enter the complete state number with the county prefix; e.g., LA 5000 Ad.

Agency: Enter the name of the reporting agency.

(Section Continued on Next Page)

2900-00 MONTHLY STATISTICAL REPORTS ON ADOPTIONS

2900-00

Monthly statistical reports shall be submitted by adoption agencies licensed by the SDSW as follows:

Relinquishment Program (Public and private agencies)

1. Monthly Statistical Report on Applications and Homes Approved for Adoptive Placements - Relinquishment Program (Form Adop 56A)
2. Monthly Statistical Report on Children Legally Free for Adoption Under the Relinquishment Program (Form Adop 56B)
3. Monthly Statistical Report on Adoption Placement Services - Relinquishment Program (Form Adop 56C)

Independent Adoptions (Public agencies only)

Monthly statistical Report on Independent Adoptions -
County Agencies (Form Adop 56D)

Relinquishment and Independent Adoption Programs (Public and Private Agencies)

Monthly Statistical Report on Adoption Services to Other
Agencies (Form Adop 56E)

For instructions, see Chapter II of the Manual of Statistical Procedures.

Certified as a Regulation (or
as Regulations) of the

Dept of Social Welfare
(Name of State Agency)

Charles I Schreiner
(Signature)

Director
(Title)

11-21-52
(Date)

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14
November 21, 1952

BOARDING HOME MANUAL LETTER NO. 28

The attached revisions numbered 118 and 119 are to be entered in your copy of the Manual of Boarding Homes for Aged and Children and the revision numbers canceled on the inside of the manual cover.

These revisions were adopted by the Social Welfare Board on October 24, 1952, to be effective January 1, 1953.

Sec. VIII-100 has been revised to delete instructions on submittal of statistical reports on boarding home licensing and child placing activities. Instructions for these reports are now contained in Chapter III of the Manual of Statistical Procedures.

The following sections are deleted and should be removed from the manual:

VIII-500
VIII-600
VIII-700

The following forms are obsolete and should be removed from the manual:

BHA 41
BHC 41
CPA 41

Attached is a revised page for the Table of Contents.

FILED
In the Office of the Secretary of State
of the State of California

NOV 21 1952

At 1:59 o'clock P.M.
FRANK M. JORDAN, Secretary of State
By *[Signature]*
Assistant Secretary of State

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CHAPTER VIII

STATISTICAL PROCEDURES

VIII-100 SUBMISSION OF STATISTICAL REPORTS

VIII-100

Accredited licensing agencies shall submit the following monthly statistical reports on boarding home licensing activities to SDSW:

Monthly Statistical Reports on Licensing of Boarding Homes for Aged, Form BHA-41

Monthly Statistical Reports on Licensing of Boarding Homes for Children, Form BHC-41

County welfare departments supervising children under foster care and private child placing agencies licensed by the SDSW (except agencies which are exclusively adoption agencies) shall submit the Monthly Statistical Report on Children Under Foster Care, Form CPA-41.

For instructions, see Chapter III of the Manual of Statistical Procedures.